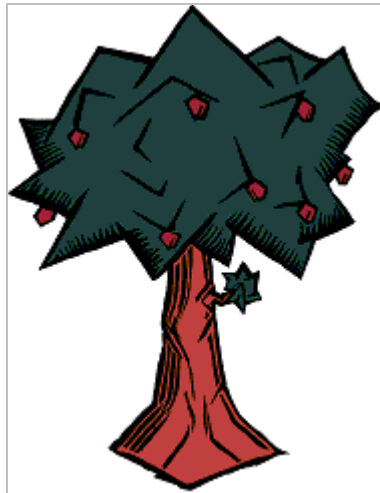


State of Washington

Department of Social and Health Services



MMIS Business and Systems Requirements Analysis Project

Existing Technical and Organizational Environment Report

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1. Executive Summary

1.1 Scope of the Organizational Infrastructure Analysis

The Medical Assistance Administration (MAA) is an administration within the Washington Department of Social and Health Services (DSHS). The entire MAA organization is included within the scope of this document with the following exceptions:


1. The Division of Disability Determination Services (DDDS). DDDS functional areas and business functions are not included because they do not currently utilize the Medicaid Management Information System (MMIS) and they do not have any identifiable future need for the MMIS. This fact was determined during interviews with the Division's director and deputy director.
2. The Facilities Section of the Division of Business and Finance (DBF). This section deals with administrative functions, not directly with the Medicaid program.
3. The HIPAA Project Section of the Information Services Division (ISD). This section has been set up temporarily for the duration of the implementation of HIPAA related program changes.
4. Administrative staff units.

1.2 Scope of the Technology Infrastructure Analysis

For the technology infrastructure analysis, the scope includes major applications that support the Medicaid program. MMIS is obviously the largest of these applications and the most widely used. Other applications are operated and maintained elsewhere in DSHS and others are internally developed, operated and maintained.

Information about MAA's network architecture is included within the scope of this document. In addition, the following information from MAA's MMIS fiscal agent, Affiliated Computer Services (ACS) and from MAA's decision support system vendor HealthWatch Technologies (HWT) is included:

- Network/mainframe architecture
- Monitoring tools
- Disaster recovery/business continuity plans


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1.3 ETOE Methodology

The Existing Technical and Organizational Environment (ETOE) report provides a high level view of the MAA organizational structure, business functional areas, business functions within those areas, subject areas and external entities. It also demonstrates how they various entities are related. From a technical perspective, it provides a high level view of the network, mainframe and software components required to support the MMIS. Additionally, it shows how business functions and subject areas relate to the MMIS and other applications that support the Medicaid program within MAA.

FourThought Group utilized methods and techniques from various enterprise architecture methodologies to ensure the alignment of the documented MAA organizational and technical profiles to each other, while supporting the identification of relationships among the different elements of MAA. As such, the elements contained within the ETOE were derived from several sources, including:

- *The Zachman Framework for Enterprise Architecture*
 - The Zachman Framework was drawn upon to assist in establishing a common vocabulary and set of perspectives for defining and describing MAA and to output a blueprint for the Administration's technical and organizational infrastructure. Influences on the ETOE from the Zachman Framework are primarily the defining of MAA-specific organizational and technical elements to more accurately reflect the make up of the Administration via functional rather than organizational lines.
- Centers for Medicare & Medicaid Services (CMS) Current Enterprise Architecture v3.0
 - The CMS Current Enterprise Architecture was referenced as an example of a dynamic Government Framework (FEAF/TEAF). It provided direction on methods used in developing the elements that fit into interrelated architectural layers. Influences on the ETOE were primarily:
 - The CMS *business architecture* represents the functions and processes that support the business, and the organizations that perform the business.
 - The CMS *information architecture* identifies the major types of information needed to support the business functions. The CMS information architecture identifies and defines the information model, data sets, metadata repositories, and their relationships to the business functions and to application systems.
 - The *application architecture* was referenced to identify and describe applications, as well as their relationships to business processes and other applications systems. Major influences include technologies employed and interface requirements.
 - The *infrastructure architecture* was referenced to identify and describe the hardware, software, and communications network technologies

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- FourThought Group's internally developed Method of Data Collection (MDC)
 - The MDC was utilized to ensure that data collection activities associated with the production of the ETOE were aligned with the information requirements and direct production of the ETOE deliverable as stated in the Deliverable Scope Definition Document. The MDC provided the method of ongoing validation for developing ETOE. Adherence to the MDC included element reference tables that provide the acceptance criteria, information sources accessed, and methods of data collection that have been determined for each element of the deliverable.

Ongoing use of the ETOE as a “living” document will provide a framework that facilitates the analysis of system efficiencies, platforms, and communications, in alignment with the business needs, functional areas and business functions of MAA. Moreover, ongoing development of the various ETOE elements ensures a structured and comprehensive process for evaluating the impact and consequences of changes in technology and business processes.


1.4 Findings And Observations

During the development of this document, FourThought Group conducted many interviews, reviewed existing MAA documentation and attended JAD sessions. As the result of the analysis of information from these various sources, some common themes were identified. Our experience with Medicaid and other Medicaid Management Information Systems leads us to believe these issues require specific attention. Listed below are our findings and observations:

- Disaster Recovery or Business Continuity Planning (BCP) has not been implemented within MAA. As a result, systems and data are at severe risk of total loss during emergency events. Staff productivity could be interrupted for long periods of time without a Disaster Recovery process in place.
- Lack of organizational distinction of employee groupings situated below the Section level represents reliance upon reporting/managerial lines to define the MAA workforce. An understanding and clear identification of the enterprise via functional areas and business functions ensures that the view of the organization is insulated from organizational shifts and movements and better positions the Administration in going forward with a new MMIS.
- Responsibility for reference table maintenance should be decentralized to the appropriate functional areas to ensure more timely updates and to place the responsibility for the data with the owners of the data.
- Turnaround time for data/report requests is too long. Faster response times would result in more timely data/reports.


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- There are no change management procedures in place for system software and hardware changes. The unavailability of these procedures leads to maintenance bottlenecks and lost information.
- Workstations at place in MAA contain a mix of operating systems. As a result workstation maintenance is much more difficult and time consuming for technical staff.
- Some MAA Sections have dedicated data analysts, whereas others rely wholly upon ISD for their specialized data needs. Better development and utilization of system and data training will lessen the reliance on ISD to service the MAA user community.
- Too much time and effort is wasted on resolving differences between the ACES and MMIS systems. Unnecessary coding differences should be eliminated and the lag time for MMIS updates reduced.
- Historical Medicaid claim data resides on multiple systems in various DSHS administrations. This decentralization of data creates a high degree of difficulty to in providing comprehensive views of historical data of the entire Medicaid program and its individual clients.
- The MMIS and POS systems act as separate systems. Data stored and displayed in the two systems are not parallel requiring users to toggle between two systems for accurate views of a client's claims history. The functionality of these two systems should be seamless.
- Encounter and fee for service claim data is separated. This makes it very difficult to provide a comprehensive view of client history for any client that has either moved between a managed care and a fee for service environment over time or who receives fee for service and managed care services during the same time period.
- The Information Services Division (ISD) is sometimes viewed as a hindrance to obtaining actionable and timely data and services. There is a perception among the MAA user community that ISD should be more customer service oriented.
- There are two contact call center systems (OmniTrack and CMIS). This functionality should be provided by one system in order to reduce redundancy and dual training.
- Managed care providers are not included in the MMIS database. There is redundancy of MAA Section responsibilities in maintaining provider data.
- MAA has no formal escalation procedures for the decision making process. Informally, it is common for issues to be escalated up through the organization, as necessary.
- Changes to the MMIS take too long to implement. This makes it very difficult to implement new benefit programs, or make adjustment to existing benefit programs. In addition, it severely hinders the Administration's ability to respond to policy and program changes.
- There is a lack of data standards across MAA data sources. The same data elements from different data sources could have different names making it very difficult for

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users to identify the data they need. In turn, this leads to longer response times and inaccuracies.

- The Medicare unit is separated from the Coordination of Benefits unit. These units perform similar functions that could be integrated to increase efficiency.
- The MAA provider and client call center functions are combined within DCS – MACSC. Provider calls require a different degree of expertise and it is unreasonable to expect all call center personnel to have the necessary expertise to deal with Provider inquiries.
- Some Medicaid services are paid outside of the MMIS. This makes it difficult to provide a comprehensive view of services and expenditures for Medicaid clients.
- Pharmacy prior authorization calls have been reduced by the RightFax system. Similar technological innovations should be explored to reduce call times and inquiry turnaround in other areas of MAA.
- Shortcomings in the current MMIS lead to the use of data warehouses to satisfy routine reporting and on-line query needs. A better MMIS would support user defined ad hoc reports and on-line inquiries and would provide more timely, even real time response, to routine reporting requests.
- Better network performance monitoring tools and expertise are needed to allow proactive maintenance.
- Multiple areas in the MAA organization receive external requests for Medicaid data. This could result in duplicative efforts and contradicting results.
- The MAA organization would benefit from an effort to consolidate security and move to a role-based security model instead of an application-based security model.

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2. Approach, Methodology and Tools

2.1 Analysis Methodology

FourThought Group has applied proven methods, techniques, and processes in providing the State of Washington an accurate view of the existing MAA technical and organizational environment. With the development of the various ETOE elements, the building of the foundation for a target architectural model for MAA has been initiated. Data collection and analysis methods used in the development of the ETOE included:

- Review and analysis of existing electronic and hard-copy based documentation
- MAA Stakeholder, Division and Section-level staff interviews
- Joint Application Development (JAD) Session notes, flow charts and other documentation
- Health Insurance Portability and Accountability Act (HIPAA) project documentation
- Microsoft Excel based data collection and analysis tools
- Telephone and email based data collection follow-up

This document is comprised of two separately defined but interrelated environmental profiles, developed in accordance with the approved ETOE Deliverable Scope Definition Document (DSDD), and the analysis methodology as previously described in *1.3 ETOE Methodology*. The *Organizational Profile* represents the MAA organizational elements from a functional perspective, and is comprised of eight elements. The *Technical Profile* represents the MAA technical elements from a software applications and technical infrastructure/architecture perspective, with alignment to the functional areas and business functions defined in the *Organizational Profile* where applicable.

The ETOE matrices *3.3b External Entities Supporting Functional Areas*, *3.4 Organizational Owners Supporting Functional Areas* and *4.2 Functional Areas Supported by Applications* are presented in a format that has been developed in accordance with *1.3 ETOE Methodology*. Because of the volume of data that is contained within these matrices, summarized views of the data at the functional area level are presented within this report and the location of the complete matrices (with all business function relationships identified) are detailed in Appendix A. Appendix B provides a listing of documentation that was used in the development of the ETOE.

3. Organizational Profile

3.1 Organizational Structure

Figure 3.1a MAA Parent-level Organization Chart presents a graphic representation of MAA's parent or highest-level organization, as within the scope of the ETOE assessment:

Figure 3.1a MAA Parent-level Organization Chart

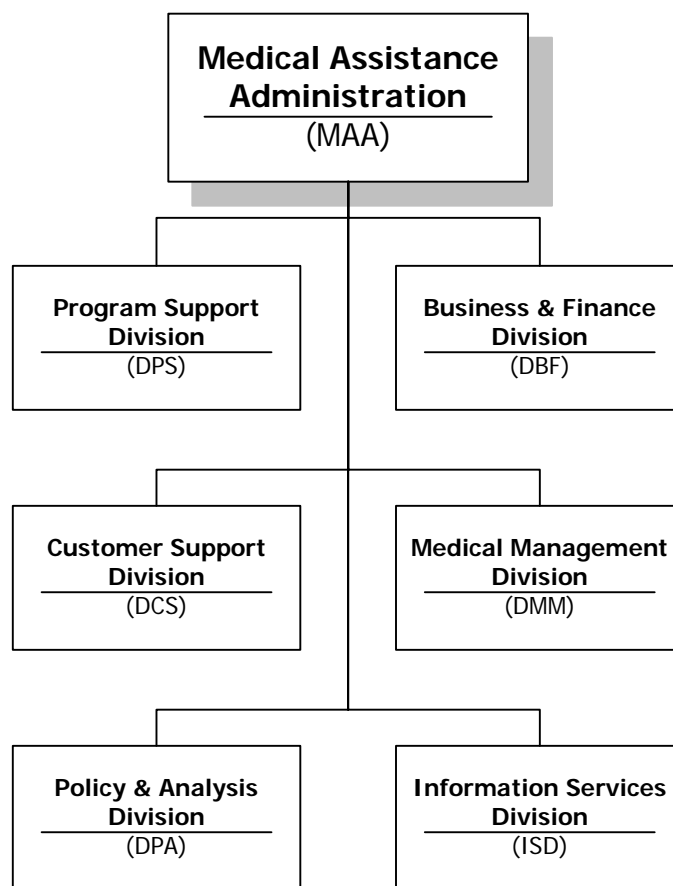


Figure 3.1b Identified MAA Sections and Units, provides a table listing of MAA organizational Divisions broken down to the Section and Unit level, and is derived from organization charts provided by each MAA Division:


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Figure 3.1b Identified MAA Sections and Units

Business & Finance (accurate as of 11/24/03)

Budget & Accounting	Medical Rates
Cash Control	Pharmacy Rates
Contracts Management	Physician Services Rates
Accounting	Inpatient Hospital Rates
Budget/Program	Outpatient Hospital Rates
	Managed Care Rates

Customer Support (accurate as of 09/23/03)

Client Communications & Children's Health Insurance Program	Medical Eligibility Determination Services	Coordination of Benefits
No organizational units specified	Take Charge Waiver Project Team Team 1 Team 2 Team 3 Team 4	Health Insurance Coordination Team (HICT) South Health Insurance Coordination Team (HICT) North Casualty Unit Admin Services Review Unit
Exception Case Management	Medical Assistance Customer Service Center	Eligibility Policy & Community Education
No organizational units specified	Fee-For-Service - Unit A Enrollment - Unit B Healthy Options - Unit C Basic Health - Unit D Provider Relations	No organizational units specified
Transportation & Interpreter Services	Provider Relations	
No organizational units specified	No organizational units specified	

Figure 3.1b Identified MAA Sections and Units (Continued)

Information Services (accurate as of 11/24/03)

Technology Services and Support	Reporting, Analysis & Procurement	MMIS Services
No organizational units specified	No organizational units specified	No organizational units specified
Payment Review & Audit		
Drug Rebate		
Benefit Integrity		
Hospital Audit		
Medical Audit		
Surveillance & Utilization Review		

Medical Management (accurate as of 11/24/03)

Quality Assessment, Improvement & Monitoring	Program Management & Authorization	Pharmacy Program
No organizational units specified	Medical Program Management Unit Durable Medical Equipment Program Management Unit	No organizational units specified
Medical Consultant Services		
No organizational units specified		

Policy & Analysis (accurate as of 09/24/03)

Rules & Publication	Administrative Hearings	Policy & Legislation
Provider Communications Rules Forms & Publications	No organizational units specified	No organizational units specified

Figure 3.1b Identified MAA Sections and Units (Continued)

Program Support (accurate as of 09/09/03)

Claims Processing	Managed Care Contracts Management	Family Services
Exam Entry 1 Unit	No organizational units specified	Comprehensive Program Evaluation Project
Exam Entry 2 Unit		Chemically Using Pregnant and Parenting Women
Document Control Specialist 1 Unit		Kidney Disease Program
Document Control Specialist 2 Unit		Family Planning Services Program
Institutional Resolution Unit		School Medical Services
Non-institutional Resolution Unit		Dental Services
Nursing Homes Unit		
Care Coordination		
No organizational units specified		

3.2 Functional Hierarchy

MAA's functional hierarchy identifies major business functional areas and functions. A functional area is a classification for a logical grouping of related business activities such that it supports or accomplishes an aspect of MAA's mission and vision. MAA's highest categorization of functional areas is defined in Figure 3.2a MAA Functional Areas.

Figure 3.2a MAA Functional Areas

1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise
5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review
9. Surveillance & Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Program	12. Ensure Compliance With Federal Reporting
13. Administer Managed Care Encounter Data	14. Perform Patient Identification Code (PIC) Match Process	15. Provide technology services and support	16. Manage Disease Management (DM) activities
17. Manage Medicaid integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication
21. Nursing Home Turn-Around Documents (TAD)	22. Administration	23. Client Management	24. Provider Management
25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance
29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination
33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs
37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters
41. Quality initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the Children's Health Insurance Program (CHIP) program	44. Coordinate Health Insurance Benefits
45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
49. Provide education/training services	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program
53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment
57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-American Sign Language (ASL) Interpreter Services
61. Manage American Sign Language (ASL) Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates	

A function is a logical grouping of related business activities such that it further defines the functional area in which it belongs. Functions define “what” but not “how” these activities are performed. MAA business functions as related to functional areas have been defined in Figure 3.2b MAA Functional Areas and Business Functions.

Figure 3.2b MAA Functional Areas and Business Functions

1. Coordinate MMIS (and POS) Updates 1.1 Facilitate computer service request (CSR) processes 1.2 Test computer service request (CSR) updates 1.3 Participate in publishing of provider billing instructions 1.4 Provide liason between ACS and all of DSHS 1.5 Perform quality review (claim processing assessment - CPAS)	2. Maintain Application Security 2.1 Validate security access requests 2.2 Provide security access codes to application users	3. Maintain Reference Tables 3.1 Coordinate policy/procedure/rate changes 3.2 Maintain edit/audit tables	4. Provide System Expertise 4.1 Analyze/resolve complex billing problems 4.2 Consult with entities internal and external to MAA 4.3 Participate in major projects (ie HIPAA, Utilization & Cost Containment Initiative - UCCI) 4.4 Develop recommendations for system improvements 4.5 Represent MAA in Hospital Association meetings
5. Maintain Client Eligibility Data 5.1 Maintain ACES/MMIS eligibility interface 5.2 Work daily eligibility reject report 5.3 Process eligibility file updates	6. Facilitate Drug rebates 6.1 Process invoices for drug rebates 6.2 Settle drug rebate disputes	7. Health Care Provider Audits 7.1 Audit scheduling 7.2 Onsite audits 7.3 Review provider records 7.4 Recoup inappropriate billings, if necessary	8. Provider Fraud Review 8.1 Receive fraud allegations 8.2 Verify fraudulent intent 8.3 Investigate fraud allegations 8.4 Recoup inappropriate billings, if necessary 8.5 Refer potential fraud cases
9. Surveillance & Utilization Review 9.1 Pull audit extracts 9.2 Analyze audit samples and Surveillance & Utilization review System (SURS) reports	10. Coordinate System Support Activities 10.1 Maintain data warehouses 10.2 Define/refine data/reporting requests 10.3 Fulfill data/reporting requests 10.4 Facilitate crosswalk of Automated Client Eligibility System (ACES) to MMIS data 10.5 Coordinate Disproportionate Share processing	11. Administer DSHS-wide Payment Review Program 11.1 Gather data for research 11.2 Identify processing problems 11.3 Coordinate system updates to correct problems	12. Ensure Compliance With Federal Reporting 12.1 Provide oversight to Federal reporting process 12.2 Address errors with Federal reporting
13. Administer Managed Care Encounter Data 13.1 Receive encounter data from health plans 13.2 Perform validation routines	14. Perform Patient Identification Code (PIC) Match Process 14.1 Perform file matching with data from other state entities	15. Provide technology services and support 15.1 Administer and manage the Local Area Network (LAN) and workstation support 15.2 Provide database design and administration 15.3 Develop and support MAA web services 15.4 Develop and maintain custom designed applications 15.5 Administer MAA telecommunications 15.6 Administer electronic claim submissions 15.7 Support information technology resource consulting 15.8 Support information technology procurement	16. Manage Disease Management (DM) activities 16.1 Identify Clients for DM programs 16.2 Enroll Clients in DM programs 16.3 Process "Opt-Outs" from DM programs 16.4 Process payments for DM programs 16.5 Case management of DM Clients

Figure 3.2b MAA Functional Areas and Business Functions (Continued)

17. Manage Medicaid integration activities 17.1 Medicaid Integration Partnership (MIP) planning	18. Claim Receipt 18.1 Sort Paper Claims 18.2 Batch Paper Claims 18.3 Scan Paper Claims 18.4 Resolve Optical Character Reader (OCR) Errors - Intelligent Key Entry (IKE)	19. Data Entry 19.1 Enter Non-OCR Claims 19.2 Resolve Exception Codes	20. Claim Adjudication 20.1 Adjudicate Institutional Claims 20.2 Adjudicate Non-Institutional Claims 20.3 Process Adjustments
21. Nursing Home Turn-Around Documents (TAD) 21.1 Distribute TADs 21.2 Validate Updated TADs (from nursing homes) 21.3 Process Updates	22. Administration 22.1 Distribute Workload 22.2 Management Reporting	23. Client Management 23.1 Client Identification 23.2 Client Enrollment	24. Provider Management 24.1 Provider assessment 24.2 Provider training 24.3 Provider correspondence
25. Services Management 25.1 Monitor Provider billing 25.2 Monitor Client services	26. Program Development 26.1 Establish program parameters	27. Contracting and Rate Setting 27.1 Rate determination 27.2 Contract with health plans 27.3 Coordinate with Indian Health Services (IHS) & Tribal Plans 27.4 Forward rate data for MMIS update	28. Monitoring Contract Compliance 28.1 Facilitate problem resolution 28.2 Process Client eligibility inquiries 28.3 Daily monitoring of health plan operations 28.4 Process premium billing issues 28.5 Process health plan reports and data 28.6 Participate in quality measurement
29. Client and Health Plan updates 29.1 Respond to client inquiries 29.2 Process premium payments and adjustments 29.3 Manage mass change updates 29.4 Provide individual client updates to the health plans	30. Manage Provider Database 30.1 Validate/correct provider data 30.2 Coordination of provider data with health plans 30.3 Sends provider licensing information to GeoAccess	31. Coordinate/Facilitation of Fair Hearings 31.1 Coordination/Facilitation of Fee for Services (FFS) Client fair hearings 31.2 Department representation in hearings 31.3 Coordination/Facilitation of Provider fair hearings 31.4 Evaluation of hearing trends, & legal decisions 31.5 Review and revision of Policies and Washington Administrative Code (WAC)	32. Provide Legislative coordination 32.1 Initiates fiscal analysis of pending policy 32.2 Performs legislative policy analysis 32.3 Coordinates data requests
33. Rules & Publication Production 33.1 Coordinate State Medicaid plan amendments 33.2 Circulate rules for billing instructions 33.3 Development of WAC, billing instructions & memoranda 33.4 Publication of Client input forms & information media	34. Formulate Health Policy 34.1 Research new technology 34.2 Make MAA coverage decisions	35. Provide Medical Expertise 35.1 Offer medical advice and expert opinion 35.2 Participate in medical workgroups and committees 35.3 Train MAA staff	36. Authorizations of Drugs 36.1 Receive authorization requests 36.2 Determine which drugs require authorization 36.3 Research client histories 36.4 Determine pricing when necessary

Figure 3.2b MAA Functional Areas and Business Functions (Continued)

37. Establishing Service parameters 37.1 Manage the Therapeutic Consultation Service 37.2 Determine service limits 37.3 Research industry standards 37.4 Establish Prior Authorization (PA) criteria for drug usage decisions 37.5 Make coverage determinations 37.6 Review the managed care plan drug formularies 37.7 Provide drug coverage status to prescribers	38. Program research and tracking 38.1 Monitor and track drug utilization 38.2 Participate in the collaborative prescription drug project	39. Authorizations of Services 39.1 Receive authorization requests 39.2 Determine which services require authorization 39.3 Research client histories 39.4 Determine pricing when necessary 39.5 Make authorization determinations 39.6 Notify clients & providers	40. Establishing Service parameters 40.1 Determine service limits 40.2 Research industry standards 40.3 Review new Current Procedural Terminology (CPT) codes 40.4 Make coverage determinations
41. Quality initiatives and strategy implementation 41.1 Measure health care performance 41.2 Reduce inappropriate service utilization & waste 41.3 Conduct external quality reviews studies 41.4 Conduct quality control 41.5 Monitor health care and service delivery 41.6 Health, safety and best practices promotion	42. Provide Client and Provider Marketing 42.1 Perform client eligibility marketing 42.2 Maintain Provider website 42.3 Client communications 42.4 Provider communications	43. Manage the Children's Health Insurance Program (CHIP) program 43.1 Assist with Policy setting 43.2 Review billing instructions 43.3 Create management reports	44. Coordinate Health Insurance Benefits 44.1 Identify clients covered by third parties 44.2 Recover funds from third parties 44.3 Update third party liability data in MMIS 44.4 Disenroll exempt clients from managed care 44.5 Maintain cost effective health care benefits from other sources 44.6 Administer the Premium Payment Program
45. Coordinate Recovery From Casualty Events 45.1 Coordinate recovery from Labor & Industries claims 45.2 Coordinate recovery from restitution proceedings 45.3 Coordinate recovery from adverse parties in accidents	46. Post Payment Review 46.1 Review billing patterns of providers 46.2 Perform statistical sampling 46.3 Maintain computer applications and databases 46.4 Prepare analysis and reports	47. Manage Medicare population 47.1 Identify Medicare eligibles 47.2 Administer Medicare buy-in programs 47.3 Perform Medicare recoveries 47.4 Make Medicare premium payments	48. Maintain medical eligibility policy 48.1 Develop and maintain MAA eligibility policy 48.2 Perform eligibility profiling 48.3 Write eligibility rules for Medicaid 48.4 Provide MAA/ACES coordination 48.5 Perform program management
49. Provide education/training services 49.1 Provide education/training for stakeholders 49.2 Promote MAA policies to external entities	50. Facilitate Managed Care Exemptions 50.1 Receive opt-out requests 50.2 Validate opt-out requests 50.3 Make enrollment updates	51. Manage Access To Care Complaints 51.1 Receive complaints 51.2 Research complaints 51.3 Resolve complaints 51.4 Participate in fair hearings, if necessary	52. Manage Patients Requiring Regulation (PRR) Program 52.1 Identify patient candidates for restriction 52.2 Research client history 52.3 Make decision regarding patient restriction 52.4 Notify client

Figure 3.2b MAA Functional Areas and Business Functions (Continued)

53. Manage Client/Provider Customer Service 53.1 Receive inquiries and complaints 53.2 Log inquiries and complaints 53.3 Resolve or refer inquiries and complaints 53.4 Coordinate managed care enrollments & plan changes 53.5 Make Healthy Options and BHP+ exemptions 53.6 Monitor Customer Service	54. Perform Medical Eligibility Determinations 54.1 Process eligibility applications 54.2 Obtain release of information from client 54.3 Verify financial need 54.4 Make eligibility determinations 54.5 Generate award/denial letters	55. Review Eligibility 55.1 Generate eligibility review forms 55.2 Process eligibility review forms 55.3 Make eligibility determinations 55.4 Generate eligibility notices 55.5 Participate in eligibility appeals	56. Provider Enrollment 56.1 Process provider applications 56.2 Issue provider number 56.3 Maintain the MMIS provider master file 56.4 Disenroll providers
57. Provider Training 57.1 On-site provider training 57.2 MAA internal training	58. Provider Billing 58.1 Billing instruction updates 58.2 Assist providers with billing problems 58.3 Perform claim resolution 58.4 Assist with special handling claims 58.5 Pend provider claims for review 58.6 Perform provider profiling 58.7 Assist in provider fair hearings	59. Manage Transportation Services 59.1 Contract with brokers 59.2 Coordinate the distribution of client information 59.3 Process payments to brokers 59.4 Review broker performance 59.5 Resolve client inquiries 59.6 Verify client eligibility	60. Manage Non-American Sign Language (ASL) Interpreter Services 60.1 Contract with brokers 60.2 Contract with public health jurisdictions 60.3 Coordinate the distribution of client information 60.4 Process payments to brokers 60.5 Review broker performance 60.6 Resolve client inquiries 60.7 Verify client eligibility
61. Manage American Sign Language (ASL) Interpreter Services 61.1 Coordinates with the Office of General Administration 61.2 Pre-payment review of billing	62. Provide Financial Services To MAA 62.1 Generate financial reporting 62.2 Manage MAA contracts 62.3 Provide Fiscal Analysis 62.4 Perform MAA budgeting 62.5 Perform MAA accounting functions 62.6 Perform MAA financial forecasting 62.7 Process overpayments	63. Manage Medical Rates 63.1 Forecast effect of rates 63.2 Establish reimbursement rates 63.3 Establish managed care capitation rates 63.4 Monitor effect of rates	

3.3 Enterprise Groupings

The tables contained within Figure 3.3a are a categorization of logically grouped entities external to MAA. These entities perform and support needed enterprise functions for MAA in the exchange of information. The relationship of the external entities to MAA is further defined in Figure 3.3b Enterprise Groupings.

Figure 3.3a Enterprise Groupings

Contractors	Education Entities	Other	State Entities
Affiliated Computer Services (ACS)	School districts	Applicants	Administrative Law Judge
Actuaries	University of Washington	Attorneys	Agency Medical Directors
American Sign Language (ASL) Interpreter Contractors		Auditors	All State Agencies
Disease Management (DM) Contractors	Federal Entities Centers for Medicare & Medicaid Services (CMS)	Client advocacy groups	Community Service Offices
First Databank		Clients	Department of Health
GeoAccess	Health Care Providers	Community Groups	Department of Labor and Industry
Health Improvement Partnership	All Providers	Drug Manufacturers	Department of Licensing
HealthWatch Technologies (HWT)	Behavioral health specialists	Employers	Governor's Office
Intepreter Brokers	Billing Agents	Insurance companies	Health Care Authority
Medicare Claim Submitters	Case Managers	Medical technology manufacturers	Intra-Agency Procurement Workgroup
Morningside	Chemical Dependency Treatment counselors	National Committee For Quality Assessment (NCQA)	Medicaid Fraud Control Unit
Transportation Brokers	Child Development specialists	Washington Durable Medical Equipment (DME) Association	Office of Assistant Seniors
	Community Clinics	Washington Prosthetic Association	Office of Financial Management
DSHS Entities	Durable Medical Equipment (DME) Vendors	Washington Health Foundation	Office of General Administration
Administratives Services - Rules & Policies Assistance Unit (RPAU)	Electronic claim submitters	Other State Entities	Office of the Attorney General
Aging & Disability Services Administration	Federal Qualified Healthcare Centers (FQHC)	Other State Governments	Office of the Insurance Commissioner
All DSHS Administrations	Health Plans	State of Idaho	Office of the State Treasurer
Children's Administration	Hospital Association	State of Oregon	TEAMonitor
Division of Alcohol and Substance Abuse	Hospitals		Washington State Legislature
Economic Sevices Administration	Indian Health Services (IHS)		
Financial Services Administration	Kidney Disease centers		Vendors
Health & Rehabilitation Services Administration	OBGYN providers		Hardware vendors
Information System Services Division (ISSD)	Pharmacies		Software vendors
Office of Financial Recovery	Prescribers		Telecommunication vendors
Office of Forecasting & Policy Analysis	Public health jurisdictions		
Office of Research and Data Analysis	Rural health centers		
Office of the Secretary	Schools		
	Social Workers		
	Treatment facilities		
	Tribal Clinics		

The External Entities Supporting Functional Areas matrix featured in Matrix 3.3b shows which external entities support which functional areas. The cells of the matrix contain the letters M and S to identify the level of involvement. *M* indicates *major* involvement in a particular functional area by an external entity, while *S* indicates *some* involvement. By examining these tables, the reader can identify where duplication of effort may exist. Because of the volume of enterprise groupings data, the relationship of business functions (all functions associated with each functional area) to external entities is not presented within this section of the ETOE, and is available in an electronic format as detailed in Appendix A. The matrix is presented with the External Entities identified in the left column and the Functional Areas listed in the top row. If a cell in the matrix is empty, no relationship was identified.

Matrix 3.3b External Entities Supporting Functional Areas


External Entities	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DM activities	17. Manage Medicaid Integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TADs	22. Administration	23. Client Management	24. Provider Management
Contractors																								
ACS - Affiliated Computer Services	S			S						S														
Actuaries																S								
ASL Interpreter Contractors																								
Disease Management Contractors																M								
First Databank																								
GeoAccess																								
Health Improvement Partnership																								
HealthWatch Technologies (HWT)										S														
Intepreter Brokers																								
Medicare Claim Submitters				S																				
Morningside																	M							
Transportation Brokers																								
DSHS Entities																								
Administratives Services - RPAU																								
Aging & Disability Services Administration																M				S				
All DSHS Administrations	S	S	S	S	S			S		S	S			S										
Children's Administration																							S	
Division of Alcohol and Substance Abuse																M							S	
Economic Services Administration																								
Financial Services Administration						M																		
Health & Rehabilitation Services Administration																M							S	
Information System Services Division (ISSD)															M									
Office of Financial Recovery							M	M																
Office of Forecasting & Policy Analysis																								
Office of Research and Data Analysis																M							S	
Office of the Secretary																M								

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

	Coordinate MMIS (and POS) Updates	Maintain Application Security	Maintain Reference Tables	Provide System Expertise	Maintain Client Eligibility Data	Facilitate Drug rebates	Health Care Provider Audits	Provider Fraud Review	Surveillance/Utilization Review	Coordinate System Support Activities	Administer DSHS-wide Payment Review Prgm	Ensure Compliance With Federal Reporting	Administer Managed Care Encounter Data	Perform PIC Match Process	Provide technology services and support	Manage DM activities	Manage Medicaid integration activities	Claim Receipt	Data Entry	Claim Adjudication	Nursing Home TADs	Administration	Client Management	Provider Management
External Entities																								
Education Entities																								
School districts										S				S										
University of Washington										S				S										
Federal Entities																								
CMS	S											M												
Health Care Providers																								
All Providers	S			S			M	M												S				
Behavioral health specialists																							S	M
Billing Agents																				S				
Case Managers																							S	M
Chemical Dependency Treatment counselors																							S	M
Child Development specialists																							S	M
Community Clinics																							S	M
DME Vendors																								
Electronic claim submitters															M									
Federal Qualified Healthcare Centers																								
Health Plans													M	S										
Hospital Association				M																				
Hospitals										S													S	M
Indian Health Services (IHS)																								
Kidney Disease centers																							S	M
OBGYN providers																							S	M
Pharmacies																								
Prescribers																								
Public health jurisdictions																								
Rural health centers																								
Schools																							S	M
Social Workers																							S	M
Treatment facilities																							S	M
Tribal Clinics																								

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DM activities	17. Manage Medicaid integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TADs	22. Administration	23. Client Management	24. Provider Management
Other																								
Applicants																								
Attorneys																								
Auditors																								
Client advocacy groups																								
Clients								S																
Community Groups																								
Drug Manufacturers						M																		
Employers																								
Insurance companies																								
Medical technology manufacturers																								
National Committee For Quality Assessment (NCQA)																								
WA DME Association																								
WA Prosthetic Association																								
Washington Health Foundation																								
Other State Entities																								
Other State Governments																								
State of Idaho																								
State of Oregon																								
State Entities																								
Administrative Law Judge																								
Agency Medical Directors																								
All State Agencies																								
TEAMonitor																								
Washington State Legislature										S				S										
Vendors																								
Hardware vendors															M									
Software vendors															M									
Telecommunication vendors															M									

	State of Washington Department of Social and Health Services	Draft 0
	MMIS Business and Systems Requirements Analysis Project Existing Technical and Organizational Environment Report	December 15, 2003

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
Contractors																								
ACS - Affiliated Computer Services												M												
Actuaries			M			M																		
ASL Interpreter Contractors																								
Disease Management Contractors																								
First Databank																								
GeoAccess						M																		
Health Improvement Partnership																		M						
HealthWatch Technologies (HWT)																								
Intepreter Brokers																								
Medicare Claim Submitters																								
Morningside																								
Transportation Brokers																								
DSHS Entities																								
Administratives Services - RPAU									M															
Aging & Disability Services Administration																								
All DSHS Administrations								M		S	S						S							
Children's Administration		S																						
Division of Alcohol and Substance Abuse		S																						
Economic Services Administration																								
Financial Services Administration																								
Health & Rehabilitation Services Administration		S																						
Information System Services Division (ISSD)					S																			
Office of Financial Recovery																				S	S			
Office of Forecasting & Policy Analysis																								
Office of Research and Data Analysis		S																						S
Office of the Secretary																								

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality Initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
Education Entities																								
School districts																								
University of Washington																								
Federal Entities																								
CMS																	S							
Health Care Providers																								
All Providers				M					M	S	S				M	M		M		S				
Behavioral health specialists	M																							
Billing Agents																								
Case Managers	M																							
Chemical Dependency Treatment counselors	M																							
Child Development specialists	M																							
Community Clinics	M																							
DME Vendors															M	M								
Electronic claim submitters																								
Federal Qualified Healthcare Centers				M																				
Health Plans				M	M	M							S				S							
Hospital Association																								
Hospitals	M																							
Indian Health Services (IHS)			M																					
Kidney Disease centers	M																							
OB/GYN providers	M																							
Pharmacies												M												
Prescribers																								
Public health jurisdictions																								
Rural health centers				M																				
Schools	M																							
Social Workers	M																							
Treatment facilities	M																							
Tribal Clinics			M																					

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
Other																								
Applicants																								
Attorneys																					S			
Auditors																								
Client advocacy groups																	S							
Clients				M	M				M			M					S	M		S				
Community Groups																	S							
Drug Manufacturers										S	S													
Employers																				S				
Insurance companies																				S				
Medical technology manufacturers									S															
National Committee For Quality Assessment (NCQA)																	S							
WA DME Association																S								
WA Prosthetic Association																S								
Washington Health Foundation																	S							
Other State Entities																								
Other State Governments								M																
State of Idaho													S											
State of Oregon													S											
State Entities																								
Administrative Law Judge							S																	
Agency Medical Directors									S	S														
All State Agencies									M															
TEAMonitor																	M							
Washington State Legislature			M					M	M															M
Vendors																								
Hardware vendors																								
Software vendors																								
Telecommunication vendors																								

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	49. Provide education/training svcs	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program	53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-ASL Interpreter Services	61. Manage ASL Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates
Contractors															
ACS - Affiliated Computer Services															
Actuaries															
ASL Interpreter Contractors													M		
Disease Management Contractors															
First Databank															
GeoAccess															
Health Improvement Partnership															
HealthWatch Technologies (HWT)															
Intepreter Brokers											M	M			
Medicare Claim Submitters															
Morningside						S	S								
Transportation Brokers											M	M			
DSHS Entities															
Administratives Services - RPAU															
Aging & Disability Services Administration															
All DSHS Administrations					M										
Children's Administration						S	S								
Division of Alcohol and Substance Abuse															
Economic Services Administration						S	S								
Financial Services Administration														S	
Health & Rehabilitation Services Administration															
Information System Services Division (ISSD)															
Office of Financial Recovery														S	
Office of Forecasting & Policy Analysis														S	
Office of Research and Data Analysis														S	
Office of the Secretary															

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	49. Provide education/training svcs	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program	53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-ASL Interpreter Services	61. Manage ASL Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates
Education Entities															
School districts															
University of Washington															
Federal Entities															
CMS															
Health Care Providers															
All Providers			S	M	M			M	M	M					
Behavioral health specialists															
Billing Agents															
Case Managers															
Chemical Dependency Treatment counselors															
Child Development specialists															
Community Clinics															
DME Vendors															
Electronic claim submitters															
Federal Qualified Healthcare Centers															
Health Plans			S	S	M										S
Hospital Association															S
Hospitals															
Indian Health Services (IHS)															
Kidney Disease centers															
OBGYN providers															
Pharmacies															
Prescribers															
Public health jurisdictions												M			
Rural health centers															
Schools															
Social Workers															
Treatment facilities															
Tribal Clinics															

Matrix 3.3b External Entities Supporting MAA Business Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an entity external to MAA, while S indicates some involvement. If a cell is blank, no relationship was identified.

External Entities	49. Provide education/training svcs	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program	53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-ASL Interpreter Services	61. Manage ASL Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates
Other															
Applicants						M									
Attorneys															
Auditors														S	
Client advocacy groups	S		M		S										
Clients	M	M	M	M	M		M				M				
Community Groups															
Drug Manufacturers															
Employers															
Insurance companies															
Medical technology manufacturers															
National Committee For Quality Assessment (NCQA)															
WA DME Association															
WA Prosthetic Association															
Washington Health Foundation															
Other State Entities															
Other State Governments															
State of Idaho															
State of Oregon															
State Entities															
Administrative Law Judge			M												
Agency Medical Directors															
All State Agencies			S		M										
TEAMonitor															
Washington State Legislature			S		S										
Vendors															
Hardware vendors															
Software vendors															
Telecommunication vendors															

3.4 Organizational Owners

The Organizational Owners Supporting Functional Areas featured in Matrix 3.4, on the following pages, shows which organizational owners support which functional areas. The cells of the matrix contain the letters M and S to identify the level of involvement. *M* indicates *major* involvement in a particular functional area by an organizational owner, while *S* indicates *some* involvement. By examining these tables, the reader can identify where duplication of effort may exist. Because of the volume of enterprise groupings data, the relationship of business functions (all functions associated with each functional area) to organizational owners is not presented within this section of the ETOE, and is available in an electronic format as detailed in Appendix A. The matrix is presented with the Organizational Owner identified in the left column and the Functional Area listed in the top row. If a cell in the matrix is empty, no relationship was identified.

Matrix 3.4 Organizational Owners Supporting Functional Areas

	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DM activities	17. Manage Medicaid integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TADs	22. Administration	23. Client Management	24. Provider Management
Organizational Structure																								
Technology Services and Support															M									
No organizational units specified																								
Reporting, Analysis & Procurement										M	M	M	M	M										
No organizational units specified																								
MMIS Services	M	M	M	M	M																			
No organizational units specified																								
Payment Review & Audit						M	M	M	M															
Drug Rebate						M																		
Benefit Integrity								M																
Hospital Audit							M	S																
Medical Audit							M																	
Surveillance & Utilization Review									M															
Quality Assessment, Improvement & Monitoring																								
No organizational units specified																								
Medical Consultant Services																								
No organizational units specified																								
Program Management & Authorization																								
Medical Program Mgmt Unit																								
Durable Medical Equipment Program Mgmt Unit																								
Pharmacy Program																								
No organizational units specified																								
Rules & Publication																								
Provider Communications																								
Rules																								

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DM activities	17. Manage Medicaid integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TABs	22. Administration	23. Client Management	24. Provider Management
Organizational Structure																								
Forms & Publications																								
Administrative Hearings																								
No organizational units specified																								
Policy & Legislation																								
No organizational units specified																								
Claims Processing																		M	M	M	M	M		
Exam Entry 1																			M			S		
Exam Entry 2																			M			S		
Document Control Specialist 1																		M				S		
Document Control Specialist 2																		M				S		
Institutional Resolution																				M		S		
Non-institutional Resolution																				M		S		
Nursing Homes Unit																					M			
Managed Care Contracts Management																								
No organizational units specified																								
Family Services																							M	M
Comprehensive Program Evaluation Project																							M	M
Chemically Using Pregnant and Parenting Women																							M	M
Kidney Disease Program																							M	M
Family Planning Services Program																							M	M
School Medical Services																							M	M
Dental Services																							M	M
Care Coordination																M	M							
No organizational units specified																								
Budget & Accounting																								
Cash Control																								
Contracts Management																								
Accounting																								
Budget/Program																								
Medical Rates																								

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

Organizational Structure	Coordinate MMIS (and POS) Updates	Maintain Application Security	Maintain Reference Tables	Provide System Expertise	Maintain Client Eligibility Data	Facilitate Drug rebates	Health Care Provider Audits	Provider Fraud Review	Surveillance/Utilization Review	Coordinate System Support Activities	Administer DSHS-wide Payment Review Prgm	Ensure Compliance With Federal Reporting	Administer Managed Care Encounter Data	Perform PIC Match Process	Provide technology services and support	Manage DM activities	Manage Medicaid Integration activities	Claim Receipt	Data Entry	Claim Adjudication	Nursing Home TADs	Administration	Client Management	Provider Management
Pharmacy Rates																								
Physician Services Rates																								
Inpatient Hospital Rates																								
Outpatient Hospital Rates																								
Managed Care Rates																								
Client Communications and CHIP																								
No organizational units specified																								
Medical Eligibility Determination Services																								
Take Charge Waiver Project Team																								
Team 1																								
Team 2																								
Team 3																								
Team 4																								
Coordination of Benefits																								
HICT South																								
HICT North																								
Casualty Unit																								
Admin Services																								
Review Unit																								
Exception Case Management																								
No organizational units specified																								
Medical Assistance Customer Service Center																								
Fee-For-Service - Unit A																								
Enrollment - Unit B																								
Healthy Options - Unit C																								
Basic Health - Unit D																								
Provider Relations																								
Eligibility Policy & Community Education																								
No organizational units specified																								
Transportation & Interpreter Services																								
No organizational units specified																								
Provider Relations																								
No organizational units specified																								

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
Organizational Structure																								
Technology Services and Support																								
No organizational units specified																								
Reporting, Analysis & Procurement																								
No organizational units specified																								
MMIS Services																								
No organizational units specified																								
Payment Review & Audit																								
Drug Rebate																								
Benefit Integrity																								
Hospital Audit																								
Medical Audit																								
Surveillance & Utilization Review																								
Quality Assessment, Improvement & Monitoring																	M							
No organizational units specified																								
Medical Consultant Services										M	M													
No organizational units specified																								
Program Management & Authorization																M	M							
Medical Program Mgmt Unit																M	M							
Durable Medical Equipment Program Mgmt Unit																M	M							
Pharmacy Program												M	M	M										
No organizational units specified																								
Rules & Publication									M															
Provider Communications									M															
Rules									M															
Forms & Publications									M															
Administrative Hearings																								
No organizational units specified																								
Policy & Legislation							M	M																
No organizational units specified																								
Claims Processing																								

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality Initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
Organizational Structure																								
Exam Entry 1																								
Exam Entry 2																								
Document Control Specialist 1																								
Document Control Specialist 2																								
Institutional Resolution																								
Non-institutional Resolution																								
Nursing Homes Unit																								
Managed Care Contracts Management			M	M	M	M																		
No organizational units specified																								
Family Services	M	M																						
Comprehensive Program Evaluation Project	M	M																						
Chemically Using Pregnant and Parenting Women	M	M																						
Kidney Disease Program	M	M																						
Family Planning Services Program	M	M																						
School Medical Services	M	M																						
Dental Services	M	M																						
Care Coordination																								
No organizational units specified																								
Budget & Accounting																								
Cash Control																								
Contracts Management																								
Accounting																								
Budget/Program																								
Medical Rates																								
Pharmacy Rates																								
Physician Services Rates																								
Inpatient Hospital Rates																								
Outpatient Hospital Rates																								
Managed Care Rates																								
Client Communications and CHIP																	M	M						

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

		25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
Organizational Structure																									
No organizational units specified																									
Medical Eligibility Determination Services																									
Take Charge Waiver Project Team																									
Team 1																									
Team 2																									
Team 3																									
Team 4																									
Coordination of Benefits																					M	M	M		
HICT South																					M				
HICT North																					M				
Casualty Unit																						M			
Admin Services																					S		M		
Review Unit																									
Exception Case Management																									
No organizational units specified																									
Medical Assistance Customer Service Center																									
Fee-For-Service - Unit A																									
Enrollment - Unit B																									
Healthy Options - Unit C																									
Basic Health - Unit D																									
Provider Relations																									
Eligibility Policy & Community Education																								M	M
No organizational units specified																									
Transportation & Interpreter Services																									
No organizational units specified																									
Provider Relations																									
No organizational units specified																									

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

	49. Provide education/training svcs	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program	53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-ASL Interpreter Services	61. Manage ASL Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates
Organizational Structure															
Technology Services and Support															
No organizational units specified															
Reporting, Analysis & Procurement															
No organizational units specified															
MMIS Services															
No organizational units specified															
Payment Review & Audit															
Drug Rebate															
Benefit Integrity															
Hospital Audit															
Medical Audit															
Surveillance & Utilization Review															
Quality Assessment, Improvement & Monitoring															
No organizational units specified															
Medical Consultant Services															
No organizational units specified															
Program Management & Authorization															
Medical Program Mgmt Unit															
Durable Medical Equipment Program Mgmt Unit															
Pharmacy Program															
No organizational units specified															
Rules & Publication															
Provider Communications															
Rules															
Forms & Publications															
Administrative Hearings															
No organizational units specified															
Policy & Legislation															
No organizational units specified															
Claims Processing															

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

	49. Provide education/training svcs	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program	53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-ASL Interpreter Services	61. Manage ASL Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates
Organizational Structure															
Exam Entry 1															
Exam Entry 2															
Document Control Specialist 1															
Document Control Specialist 2															
Institutional Resolution															
Non-institutional Resolution															
Nursing Homes Unit															
Managed Care Contracts Management															
No organizational units specified															
Family Services															
Comprehensive Program Evaluation Project															
Chemically Using Pregnant and Parenting Women															
Kidney Disease Program															
Family Planning Services Program															
School Medical Services															
Dental Services															
Care Coordination															
No organizational units specified															
Budget & Accounting														M	
Cash Control														M	
Contracts Management														M	
Accounting														M	
Budget/Program														M	
Medical Rates															M
Pharmacy Rates															M
Physician Services Rates															M
Inpatient Hospital Rates															M
Outpatient Hospital Rates															M
Managed Care Rates															M
Client Communications and CHIP															

Matrix 3.4 Organizational Owners Supporting MAA Functional Areas (Continued). Note: M indicates major involvement in a particular functional area by an organizational owner, while S indicates some involvement. If a cell is blank, no relationship was identified.

	49. svcs Provide education/training	50. Exemptions Facilitate Managed Care	51. Complaints Manage Access To Care	52. Regulation (PRR) Program Manage Patients Requiring	53. Customer Service Manage Client/Provider	54. Determinations Perform Medical Eligibility	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Services Manage Transportation	60. Interpreter Services Manage Non-ASL	61. Interpreter Services Manage ASL Interpreter	62. To MAA Provide Financial Services	63. Manage Medical Rates
Organizational Structure															
Client Communications and CHIP															
No organizational units specified															
Medical Eligibility Determination Services						M	M								
Take Charge Waiver Project Team						M	M								
Team 1						M	M								
Team 2						M	M								
Team 3						M	M								
Team 4						M	M								
Coordination of Benefits															
HICT South															
HICT North															
Casualty Unit															
Admin Services															
Review Unit															
Exception Case Management	M	M	M	M											
No organizational units specified															
Medical Assistance Customer Service Center					M										
Fee-For-Service - Unit A					M										
Enrollment - Unit B					M										
Healthy Options - Unit C					M										
Basic Health - Unit D					M										
Provider Relations															
Eligibility Policy & Community Education	M														
No organizational units specified															
Transportation & Interpreter Services											M	M	M		
No organizational units specified															
Provider Relations								M	M	M					
No organizational units specified															

3.5 Decision-Making Patterns – Centralized or Decentralized

MAA generally employs an organic style of decision-making. An organic organization tends to have many teams and task forces. Work groups are formed to facilitate the creation and modification of rules and policies. Work groups typically consist of individuals from different divisions and sections. Program managers, policy staff and customer service staff can collaborate and this generally leads to a broader base of support and knowledge. Even within some sections, team meetings are held for the purpose of decision-making. One example is the weekly MMIS Services meeting to discuss the prioritization of CSRs.

Decision-making tends to be decentralized, such that throughout the organization, decisions are made at the level at which they are appropriate. Division directors are allowed to govern their division, yet allow section leads to make decisions that affect their sections. Of course, there are occasional exceptions and overrides.

Enterprise-wide decisions, such as the purchase of technology products, are handled by the appropriate division or even at the administration level. There are rules and policies that are department and statewide. Decisions regarding these rules and policies will be made outside of MAA.

MAA has no formal escalation procedures for the decision making process. Informally, it is common for issues to be escalated up through the organization, as necessary.

3.6 Work Force Structure

Work Force Structure information not available at the time this document was published

DSDD Element Summary	A categorical description of the MAA workforce. Categories are: <ul style="list-style-type: none"> - Age - Tenure - Diversity - Education - Breadth of knowledge - Breadth of skills
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3.7 Union Membership or Influence

Union Membership or Influence information not available at the time this document was published

DSDD Element Summary	Labor union membership Union influence
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3.8 Organization Infrastructure for System Use


For the purposes of this document, the MAA organizational levels will be described as:

- Administration and division management
- Section and unit leadership
- Staff level employees

Table 3.8 describes in general the way each organizational level uses the MMIS. There will always be exceptions to how the MMIS is used, based on staff availability and uneven work demands.

Table 3.8 MMIS Usage by MAA Organizational Level

MAA Organizational Level	MMIS Usage
Administration and division management	The MMIS is used mostly for management reporting. Management reports can come directly from the MMIS or can be generated indirectly from one of the data sources that are built from MMIS historical data.
Section and unit leadership	This level of the organization uses management reports. These reports can be instrumental for workload management and decision-making. MMIS data is used for research and problem resolution.
Staff level employees	The MMIS is used to capture data from data entry functions and electronic data transfer. The MMIS is used as a data source for client/provider support functions and correspondence. MMIS data is also used for day-to-day business operations.

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4. Technical Profile

4.1 Software Applications Supporting the Medicaid Program

4.1.1 Application Inventory

The application inventory identifies and describes applications identified during the course of the ETOE assessment, and forms the basis for the relationship of the identified applications to the defined MAA functional areas and business functions. The documented characteristics of applications within the inventory include:

- Application name
- Application description
- Application owner
- Application maintainer
- The determination of whether the application has been developed by MAA or outside vendor
- And, if the application was developed by MAA, the application development tool used

Analysis of current business applications forms the basis for identifying applications that support MAA functional areas and business functions. Moreover, through analysis of each application vis-à-vis its functional areas, MAA can determine the overall impact of changing any individual application.

In consideration of the future MMIS, the application inventory represents system functionality that current resides outside of the current MMIS. The application functionality, as detailed in the following Technical Profile ETOE elements, potentially represents functionality to be integrated into the system requirements of the future MMIS.

During the course of the ETOE assessment, applications identified in support of an MAA functional area and business functions were inventoried. At the time of publication, a total of 64 applications were identified, with 19 applications developed within MAA and 45 developed by outside vendors. As previously stated, only applications identified as supporting defined MAA functional areas and business functions have been inventoried, as detailed in Table 4.1.1 Application Inventory.


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Table 4.1.1 Application Inventory

No.	Application Name	Application Description	Application Owner	Application Maintainer	Developed by MAA or Outside Vendor?	MAA application development tool
1.	1st Steps Database	Used to obtain data for Quality Management studies; run by DSHS	DMM - QAIM	DSHS	Outside vendor	N/A
2.	ACD	A contracts management database	TBD	TBD	Outside vendor	N/A
3.	Acuity	System owned and operated by Office of Financial Recovery (OFR); used by MEDS to inquire about a Medicaid client's SCHIP premium payment status	Office of Financial Recovery	Office of Financial Recovery	Outside vendor	N/A
4.	ACES	Automated Client Eligibility System – Used to manage eligibility determination and case management (additional detail regarding ACES is available via the DSHS Portfolio Systems/Applications List)	DSHS - Economic Services Administration	DSHS - Economic Services Administration	Outside vendor	N/A
5.	AFRS	Agency Financial Reporting System - owned and operated by Office of Financial Management (OFM)	Office of Financial Management (OFM)	Office of Financial Management (OFM)	Outside vendor	N/A
6.	ART	Archive Retrieval Transaction – a function of the CCIS allowing claims image viewing	DPS - Claims Processing	Office of Research & Data Analysis	Outside vendor	N/A
7.	BarCode	Bar Code Reception System – Used by CSOs and others to track applications and application processing (additional detail regarding BarCode is available via the DSHS Portfolio Systems/Applications List)	DSHS	DSHS	Outside vendor	N/A
8.	CAMIS	Case and Management Information System – Used by Children's Administration to manage program clients and requirements (additional detail regarding CAMIS is available via the DSHS Portfolio Systems/Applications List)	DSHS - Children's Administration	DSHS - Children's Administration	Outside vendor	N/A
9.	CARD	Case Analysis Reporting Database – Used to obtain data from ACES for Quality Management studies (additional detail regarding CARD is available via the DSHS Portfolio Systems/Applications List)	Office of Research & Data Analysis	Office of Research & Data Analysis	Outside vendor	N/A
10.	CMIS	The Contact Management Information System (CMIS) tracks client contact information, including caller information, reason for contact and client detail. Subsystems track enrollments, complaints, recoupments and exemptions/disenrollments. CMIS uses data extracted from MMIS and IPND.	ISD - TSS	ISD - TSS	MAA	Visual Basic
11.	CMS	The Call Management System (CMS) is a telephone management system used to track incoming calls and features functionality to monitor the number of calls, length of calls, and hold times.	DCS - MACSC	AVAYA	Outside vendor	N/A
12.	COBMEDPC	Provides status tracking and reporting for contacts by providers regarding Medicare claims. Access. Separate databases for the interface and data.	DCS - EPACE	ISD - TSS	MAA	Microsoft Access
13.	COLD	Computer Output to Laser Disk - An ACS/MMIS report repository.	ACS	ACS	Outside vendor	N/A
15.	DOHA System	System owned and operated by the Department of Health. System details not available at the time of ETOE publication.	Department of Health	Department of Health	Outside vendor	N/A
16.	eBin	Moves files from ACS Server to user ebins and provides email notification that the files are there. Moves data from K:\ACS\To_ACS folder to the ACS Server with email verification of file moved.	ISD	Randy Robinson	MAA	VB Script


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Table 4.1.1 Application Inventory (Continued)

No.	Application Name	Application Description	Application Owner	Application Maintainer	Developed by MAA or Outside Vendor?	MAA application development tool
17.	ECS - Electronic Claims Submission	Internet application that allows providers that are registered with the Department of Social and Health Services to file their Physician, Med Vendor and Dental Medicaid Claims over the Internet using a secure connection. This application uses a variety of tools and processes including, BizTalk, ASP, XML, XSLT, VB Components, and a SQL database.	DPS - Claims Processing	ISD - TSS	MAA	Biztalk, ASP, XML, SSLT, VB, SQL
18.	EDB	Extended Database – MMIS database of paid claims; used in extracting and reporting claims data	ISD	ISD - TSS	MAA	N/A
19.	eJAS	A system that is used for monitoring and generating payment invoices for the Work First programs (TANF). Keeps track of the hours the clients are allocating to activities such as transportation and is used to pay work related expenses via the output of vouchers.	Economic Services Administration ACES staff	Economic Services Administration ACES staff	Outside vendor	N/A
20.	EPIC	A national database of manufacturers suggested retail prices.	Epic Systems Corporation	Epic Systems Corporation	Outside vendor	N/A
21.	ePocrates	An integrated formulary and drug information product that gives prescribers access to on-the-spot drug information.	DMM - Pharmacy Research	ePocrates	Outside vendor	N/A
22.	Exception to Rule Database	This is a database used by prior authorization staff to generate worksheets, client notification letters and track program activity	DMM - Program Management and Authorization	DMM - Program Management and Authorization	MAA	Microsoft Access
23.	First DataBank	A widely used source of up-to-date drug information, the First DataBank database combines descriptive and pricing data with a selection of advanced clinical support modules.	First DataBank	First DataBank	Outside vendor	N/A
24.	GeoAccess	Third party vendor used by MCCM to process and compile provider data for the IPND	DCS - Managed Care Contracts Management	GeoAccess	Outside vendor	N/A
25.	HHCP	VB application with MS SQL database for home health program manager to view, adjudicate claims, get reports and for claim processing unit to process the claims into MMIS.	DMM - QAIM	Talk Lee	MAA	Visual Basic, SQL
26.	HWT Database	A data warehouse of MMIS claims and SSPS invoices history.	ISD - RAP	Health Watch Technologies	Outside vendor	N/A
27.	Internet	The vast collection of inter-connected networks that all use the TCP/IP protocols and that evolved from the ARPANET of the late 60's and early 70's. The Internet is used throughout MAA as a two-way information source.	ISD - TSS	ISD - TSS	Outside vendor	N/A
28.	IPND	Integrated Provider Network Database – used to compile a comprehensive set of provider data; builds provider data for the DSHS web site. The IPND includes managed care providers and also providers from Health Care Authority's health plans.	TBD	TBD	Outside vendor	N/A
30.	ITSR - IT Service Request Website	Enables MAA staff to submit requests for application development and maintenance services to ADD. MAA staff can see various views of requests/projects and their statuses. Enables ADD staff to update the status of the request and input related information. This website also includes links to analysis documents.	ISD - TSS	ISD - TSS	MAA	ASP
31.	KOVIS	Document scanning and retrieval system	TBD	TBD	Outside vendor	N/A


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Table 4.1.1 Application Inventory (Continued)

No.	Application Name	Application Description	Application Owner	Application Maintainer	Developed by MAA or Outside Vendor?	MAA application development tool
32.	MAA Dashboard	A database of over and under expenditures from the Office of Financial Management	OFM	OFM	Outside vendor	N/A
33.	MAA Data Warehouse	A SQL database of paid claims history.	ISD	ISD	MAA	SQL
34.	MACSC Reference Manual	A spreadsheet of reference guides to assist customer service staff.	DCS - MACSC	DCS - MACSC	MAA	Microsoft Excel
35.	MasterLog	Utilized by the ISD Payment, Review and Audit Section. System details not available at the time of ETOE publication.	TBD	TBD	Outside vendor	N/A
36.	MAUI - Manageable ACES User Interface	Automates retrieval of ACES information for EPACE - Medicare Unit purposes.	DCS - EPACE	ISD - TSS	MAA	Access 2000
37.	MBMS	Membership Billing Maintenance System – owned and operated by the Health Care Authority; accessed by MEDS for inquiries and notes about changes in eligibility	Health Care Authority	Health Care Authority	Outside vendor	N/A
38.	MEDACCR - Medicare Accretions	Automates tasks related to Medicare buy-in accretion for the purpose of recoupment of inappropriate payments. Features include automated import of data from ACES and third parties through ISSD, generation of corrected data to MMIS, and an interface for recoupment processing and reporting.	DCS - EPACE	ISD - TSS	MAA	Access 2000
39.	MEV	Medical Eligibility Verification – system used by providers to validate Medicaid client enrollment and eligibility; contracted service from external processing entities	N/A	N/A	Outside vendor	N/A
40.	MEXP	Medicaid expenditures in a budget format (spreadsheet)	OFM	OFM	Outside vendor	N/A
41.	MMIS	Medicaid Management Information System – The federally certified health care claims processing system (additional detail regarding MMIS is available via the DSHS Portfolio Systems/Applications List)	ACS	ACS	Outside vendor	N/A
42.	NCQA Tool	National Committee for Quality Assessment performance measuring tool	NCQA	NCQA	Outside vendor	N/A
43.	No Wrong Door System	Application description not available at the time of ETOE publication.	Office of Research & Data Analysis	Office of Research & Data Analysis	Outside vendor	N/A
44.	OmniTrack	OmniTrack is used by some sections for client and by other sections for provider contacts. It is a Sybase, multi-state system operated by ACS. It was established a few years ago, primarily to track provider calls	ACS	ACS	Outside vendor	N/A
45.	Paycards	A Visual Basic application used by the Casualty Section. It is used to enter data for clients who have casualty cases, such as personal injury or L&I claims. The application provides users the capability to track cases by letter of the alphabet (so the supervisor is aware of staff workload), and the ability to produce tickle reports to see which cases are overdue for responses. Some of the recent enhancements made are the ability to produce urgent reports to see which cases are marked as urgent, and the ability to add to the attorney and insurance companies tables in SQL database. Reports are generated via Crystal Reports.	DCS - COB	ISD - TSS	MAA	VB, SQL, Crystal Reports


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Table 4.1.1 Application Inventory (Continued)

No.	Application Name	Application Description	Application Owner	Application Maintainer	Developed by MAA or Outside Vendor?	MAA application development tool
46.	POS	Point of Sale system. A companion to the MMIS dealing with pharmacy benefits.	ACS	ACS	Outside vendor	N/A
47.	POSS	Produces statistical information on Point of Sale system data, using SQL queries and integration with the RATSTATS application. The statistical data is used to identify recoverable amounts by provider, for pharmacy providers which have been inappropriately billing MAA instead of private insurance. UI is Access/VBA, data sources are SQL and Access.	DCS - COB	ISD - TSS	MAA	VB6, SQL, Access
48.	PRO Tools	Provider Review Organizations – external agencies contracted to perform studies for Quality Management, a Section of the Division of Health Services Quality Support	N/A	N/A	Outside vendor	
49.	Provider Website	An MAA developed and maintained website dedicated to Provider specific content and communications	DCS - Communications	DCS - Communications	MAA	Front Door
50.	PRR Database	Patient Requiring Regulation Database	DCS - Exception Case Management	DCS - Exception Case Management	MAA	Microsoft Access
51.	RCPLTR - Medicare Recoupment Letters	Using data from the Accretions applications and MMIS profiles, generates letters to providers for the recoupment of Medicare-eligible claims that were paid by MAA. Exports recoupment dollar data to Medicare Accounts Receivable. Access 97/Word merge	DCS - EPACE	ISD - TSS	MAA	Microsoft Access, Word
52.	Remedy	A problem ticket tracking application, developed and maintained by ISSD	ISSD	ISSD	Outside vendor	N/A
53.	RightFax	RightFax provides a one-stop, full service, e-document delivery solution	DMM - Pharmacy Research	RightFax	Outside vendor	N/A
55.	Scan Optics Software	Includes key-entry, image-based data capture, and archive, storage and retrieval products for the processing of health claims.	DPS - Claims Processing	Scan Optics	Outside vendor	N/A
56.	SDX	State Data Exchange. The SDX provides information from SSA on SSI recipients living in Washington State.	Social Security Administration	Social Security Administration	Outside vendor	N/A
57.	SolQ - State On Line Query	The State Online Query (SOLOQ) is a method of verifying Title II (RSDI) and Title XVI (SSI) benefits for applicants and recipients of public assistance. When a request is keyed by a caseworker, it is immediately transmitted via a telephone line to the Social Security Administration (SSA), and the response is returned immediately.	Social Security Administration	Social Security Administration	Outside vendor	N/A
58.	SSPS	Social Services Payment System. A payment system that includes the following programs: 1. adult family homes 2. adult residential services 3. counseling services 4. home health services 5. personal care 6. group care 7. daycare centers and in home daycare for children 8. alcohol, drug, and substance abuse treatment 9. medical/psychiatric assessments	DSHS	DSHS	Outside vendor	N/A
59.	SURS Database	A database to support Surveillance and Utilization Review reporting.	ISD - PRAS	ISD - PRAS	MAA	N/A

Table 4.1.1 Application Inventory (Continued)

No.	Application Name	Application Description	Application Owner	Application Maintainer	Developed by MAA or Outside Vendor?	MAA application development tool
63.	TPRESO	Provides queries and reporting for validating imported MMIS data against ACES TPL screens. Access 97	DCS - COB	ISD - TSS	MAA	Access 2000
64.	TPQ	The Third Party Query (TPQY) system is an alternate method of verifying Title II (RSDI) and Title XVI (SSI) benefits. It may be used when the SOLQ system is unavailable or when 40 quarters information for aliens is needed. All requests that are keyed each day are sent to SSA via a telephone line that night. SSA returns the information via the telephone line in 24 to 48 hours.	Social Security Administration	Social Security Administration	Outside vendor	N/A

4.1.2 Functional Areas Supported by Applications


An understanding of which applications support which business functions is important for determining whether current applications are meeting the needs of the stakeholders, for identifying redundancy in functionality, and for identifying missing functionality.

Matrix 4.1.2 Functions Supported by Applications shows which applications support which MAA functional areas. An identified relationship is indicated by an "X" symbol. Because of the volume of application to business function data, the relationship of business functions (all functions associated with each functional area) to applications is not presented within this section of the ETOE, and is available in an electronic format as detailed in Appendix A.

The Functions Supported by Applications matrix is organized by functional area, with only those applications listed that have been identified in support of the functional area. The matrix is presented with Applications in the left column and Functional Areas in the top row. If a cell in the matrix is empty, a relationship was not identified.

Matrix 4.1.2 Functional Areas Supported By Applications

Application	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DM activities	17. Manage Medicaid Integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TADs	22. Administration	23. Client Management	24. Provider Management
1st Steps Database																								
ACD																								
Acuity																								
ACES	x	x	x	x	x					x				x		x							x	
AFRS																								
ART							x	x																
BarCode																								
CAMIS																								
CARD																								
CMIS																								
CMS																								
COBMEDPC																								
COLD																						x		
DOHA System																								
eBin																								
ECS - Electronic Claims Submission															x									
EDB							x	x		x	x													
eJAZZ																								
EPIC																								
ePocrates																								
Exception to the Rules Database																								
First DataBank																								
GeoAccess																								
HHCP																								

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Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DW activities	17. Manage Medicaid integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TADs	22. Administration	23. Client Management	24. Provider Management
HWT Database							X	X		X	X	X	X			X							X	
Internet								X							X									
IPND																								
ITSR - IT Service Request Website															X									
KOVIS																								
MAA Dashboard																								
MAA Data Warehouse										X	X	X		X										
MACSC Reference Manual																								
MasterLog							X																	
MAUI - Manageable ACES User Interface																								
MBMS																								
MEDACCR - Medicare Accretions																								
MEV																								
MEXP																								
MMIS	X	X	X	X	X		X	X		X	X	X	X	X		X			X	X	X	X	X	
NCOA Tool																								
No Wrong Door System																								
OmniTrack																								
Paycards																								
POS	X	X	X	X		X	X	X																
POSS																								
PRO Tools																								
Provider Website																								
PRR Database																								

Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	1. Coordinate MMIS (and POS) Updates	2. Maintain Application Security	3. Maintain Reference Tables	4. Provide System Expertise	5. Maintain Client Eligibility Data	6. Facilitate Drug rebates	7. Health Care Provider Audits	8. Provider Fraud Review	9. Surveillance/Utilization Review	10. Coordinate System Support Activities	11. Administer DSHS-wide Payment Review Prgm	12. Ensure Compliance With Federal Reporting	13. Administer Managed Care Encounter Data	14. Perform PIC Match Process	15. Provide technology services and support	16. Manage DW activities	17. Manage Medicaid integration activities	18. Claim Receipt	19. Data Entry	20. Claim Adjudication	21. Nursing Home TADs	22. Administration	23. Client Management	24. Provider Management
RCPLTR - Medicare Recoupment Letters																								
Remedy															X									
RightFax																								
Scan Optics Software																		X		X				
SDX																								
SoIQ - State On Line Query																								
SSPS																								
SURS Database									X															
TakeCharge																								
TOXL																								
TPL Billing File																								
TPLRESO																								
TPQ																								

Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/Facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality Initiatives and strategy Implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
1st Steps Database																	X							
ACD																	X							
Acuity																								
ACES				X	X		X										X			X	X	X	X	X
AFRS								X																
ART																								
BarCode							X																	X
CAMIS								X									X							
CARD																	X							
CMIS				X	X																			X
CMS																								
COBMEDPC																							X	
COLD																								
DOHA System																	X							
eBin									X															
ECS - Electronic Claims Submission																								
EDB															X									
eJAZZ																								X
EPIC															X	X								
ePocrates													X											
Exception to the Rules Database															X									
First DataBank																								
GeoAccess						X																		
IHCPC															X									

Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.


Application	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality Initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
HWT Database	X														X		X							X
Internet									X	X	X				X	X								X
IPND				X	X	X											X							
ITSR - IT Service Request Website																								
KOVIS																								
MAA Dashboard																								
MAA Data Warehouse			X					X																
MACSC Reference Manual																								
MasterLog																								
MAUI - Manageable ACES User Interface																								
MBMS																								
MEDACCR - Medicare Accretions																								
MEV																								
MEXP								X																
MMIS	X		X	X	X		X					X	X		X	X	X			X	X	X	X	X
NCOA Tool																	X							
No Wrong Door System																								X
OmniTrack																								
Paycards																					X			
POS												X								X		X		
POSS																				X		X		
PRO Tools																	X							
Provider Website																		X						
PRR Database																								

Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	25. Services Management	26. Program Development	27. Contracting and Rate Setting	28. Monitoring Contract Compliance	29. Client and Health Plan updates	30. Manage Provider Database	31. Coordinate/facilitation of Fair Hearings	32. Provide Legislative coordination	33. Rules & Publication Production	34. Formulate Health Policy	35. Provide Medical Expertise	36. Authorizations of Drugs	37. Establishing Service parameters	38. Program research and tracking	39. Authorizations of Services	40. Establishing Service parameters	41. Quality Initiatives and strategy implementation	42. Provide Client and Provider Marketing	43. Manage the CHIP program	44. Coordinate Health Insurance Benefits	45. Coordinate Recovery From Casualty Events	46. Post Payment Review	47. Manage Medicare population	48. Maintain medical eligibility policy
RCPLTR - Medicare Recoupment Letters																								
Remedy																								
RightFax												X	X											
Scan Optics Software																								
SDX					X																			
SoIQ - State On Line Query																	X							
SSPS	X																X							
SURS Database							X																	
TakeCharge																								
TOXL																								
TPL Billing File																				X				
TPLRESO																				X				
TPQ																							X	X

Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	49. svcs Provide education/training	50. Exemptions Facilitate Managed Care	51. Complaints Manage Access To Care	52. Regulation (PRR) Program Manage Patients Requiring	53. Customer Service Manage Client/Provider	54. Determinations Perform Medical Eligibility	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Services Manage Transportation	60. Interpreter Services Manage Non-ASL	61. Interpreter Services Manage ASL Interpreter	62. To MAA Provide Financial Services	63. Manage Medical Rates
1st Steps Database															
ACD															
Acuity															
ACES		X	X	X	X	X	X								
AFRS														X	
ART															
BarCode						X	X								
CAMIS							X								
CARD															
CMIS		X	X		X	X					X	X			
CMS					X										
COBMEDPC															
COLD															
DOHA System															
eBin															
ECS - Electronic Claims Submission															
EDB					X										X
eJAZZ															
EPIC															
ePocrates															
Exception to the Rules Database															
First DataBank															X
GeoAccess															
HHCP															

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Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	49. svcs Provide education/training	50. Exemptions Facilitate Managed Care	51. Complaints Manage Access To Care	52. Regulation (PRR) Program Manage Patients Requiring	53. Customer Service Manage Client/Provider	54. Determinations Perform Medical Eligibility	55. Eligibility Review	56. Enrollment Provider	57. Training Provider	58. Billing Provider	59. Transportation Services	60. Non-ASL Interpreter Services	61. Interpreter Services	62. Financial Services Provide To MAA	63. Medical Rates Manage
HWT Database			X	X	X					X				X	
Internet	X										X	X			
IPND															
ITSR - IT Service Request Website															
KOVIS						X									
MAA Dashboard														X	
MAA Data Warehouse														X	X
MACSC Reference Manual					X										
MasterLog															
MAUI - Manageable ACES User Interface															
MBMS						X	X								
MEDACCR - Medicare Accretions															
MEV						X			X						
MEXP														X	
MMIS		X	X	X	X	X	X	X	X	X	X	X	X	X	X
NCQA Tool															
No Wrong Door System															
OmniTrack					X			X		X					
Paycards															
POS			X	X											X
POSS															
PRO Tools															
Provider Website															
PRR Database				X											

Matrix 4.1.2 Functional Areas Supported by Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Application	49. Provide education/training svcs	50. Facilitate Managed Care Exemptions	51. Manage Access To Care Complaints	52. Manage Patients Requiring Regulation (PRR) Program	53. Manage Client/Provider Customer Service	54. Perform Medical Eligibility Determinations	55. Review Eligibility	56. Provider Enrollment	57. Provider Training	58. Provider Billing	59. Manage Transportation Services	60. Manage Non-ASL Interpreter Services	61. Manage ASL Interpreter Services	62. Provide Financial Services To MAA	63. Manage Medical Rates
RCPLTR - Medicare Recoupment Letters															
Remedy															
RightFax															
Scan Optics Software															
SDX															
SoIQ - State On Line Query															
SSPS															
SURS Database															
TakeCharge						X									
TOXL														X	
TPL Billing File															
TPLRESO															
TPQ															

4.1.3 Subject Areas

The subject areas defined in Table 4.1.3 classify MAA's business information. Twelve subject areas are defined for MAA's information environment. They are based on major business entities derived from the Functional Areas and Business Functions presented in ETOE element *3.2 Functional Hierarchy*. Subject areas support a common business vocabulary, help classify the content of both transactional and analytical data stores, and lend structure to enterprise metadata repositories.


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Table 4.1.3 Subject Areas

Subject Area	Definition
Claim	Information about claims for payment for services rendered to Medicaid beneficiaries.
Contact and Call Center	Information about recipient or provider contact episodes.
Eligibility	Information about which benefit program(s) for which Medicaid beneficiaries are currently eligible or have been eligible for in the past.
Encounter	Similar to claim data, information about services rendered to Medicaid beneficiaries enrolled in managed care programs.
Enrollment	Information about managed care programs in which Medicaid beneficiaries are currently enrolled or have been enrolled in, in the past.
Finance	Information about all monies allocated through program administration and benefit expenditures and obligations, and all monies received through program administration, operations and oversight.
Prior Authorization	Information about services authorized by MAA. Includes information such as the service authorized, who is to receive the service and who is to perform the service.
Provider	Information about persons or organizations responsible for, or involved in, the provision of medical services or supplies to an individual.
Recipient	Information about current and past Medicaid beneficiaries.
Reference	Tables of information that support the Medicaid program. Includes information about entities such as procedures, diagnosis codes, pharmacy items, counties, edit codes, license types, provider types, claim types, eligibility types, etc.
Surveillance and Utilization Review	Information about services rendered to Medicaid beneficiaries. This information is used to perform audits and reviews of Medicaid health care providers.
Third Party Liability	Information about third party resources which may be a primary payor of services rendered to Medicaid beneficiaries.

4.1.4 Relationship of Subject Areas to Applications

Matrix 4.1.4 Relationship of Subject Areas to Applications shows the relationships between MAA subject areas introduced and defined in ETOE elements *4.1.3 Subject Areas* and *4.1.1 Application Inventory*. The matrix is presented in with Subject Areas in the left column and Identified Applications in the top row. An "X" in the cell indicates that the corresponding application uses data from the corresponding subject area. If a cell in the matrix is empty, no relationship was identified.

Matrix 4.1.4 Relationship of Subject Areas to Applications

Subject Area	1st Steps Database	ACD	Acuity	ACES	AFRS	ART	BarCode	CAMIS	CARD	CMIS	CMS	COBAMEDPC	COLD	DOHA System	eBin	ECS - Electronic Claims Submission	EDB	eJAZZ	EPIC	ePocrates	Exception to the Rules Database	First DataBank	GeoAccess	HHCP
Claim					X	X			X				X			X	X							X
Contact and Call Center							X			X	X				X									
Eligibility	X			X			X	X	X				X	X			X	X						
Encounter													X				X							
Enrollment									X				X				X							
Finance					X				X				X				X							
Prior Authorization									X				X				X				X			
Provider									X				X				X						X	
Recipient	X			X			X	X	X				X	X			X	X						
Reference	X	X	X	X					X				X			X	X		X	X	X	X		
Surveillance and Utilization Review			X										X											
Third Party Liability			X	X					X			X	X				X							

Subject Area	HWT Database	Internet	IPUD	ITSR - IT Service Request Website	KOVIS	MAA Dashboard	MAA Data Warehouse	MACSC Reference Manual	MasterLog	MAUI - Manageable ACES User Interface	MBMS	MEDACCR - Medicare Accretions	MEV	MEXP	MMIS	NCOA Tool	No Wrong Door System	OmniTrack	PAYCARDS	POS	POSS	PRO Tools	Provider Website	PRR Database
Claim	X				X	X	X		X					X	X				X	X	X			
Contact and Call Center															X			X						
Eligibility	X	X			X	X	X		X	X	X		X	X	X		X			X				X
Encounter					X										X					X				
Enrollment	X	X			X	X	X								X					X				X
Finance	X				X	X	X		X					X	X				X	X	X			
Prior Authorization	X				X	X	X								X					X				
Provider	X	X	X		X	X	X		X					X	X				X	X	X		X	X
Recipient	X	X			X	X	X		X	X	X		X	X	X		X		X	X	X			X
Reference	X	X			X	X	X	X	X						X	X			X	X	X	X		
Surveillance and Utilization Review					X																			
Third Party Liability	X				X	X	X		X			X		X	X				X	X	X			

Matrix 4.1.4 Relationship of Subject Areas to Applications (Continued). Note: X indicates applications in support of MAA functional areas. If a cell is blank, no relationship was identified.

Subject Area	RCPLTR - Medicare Recoupment Letters	Remedy	RightFax	Scan Optics Software	SDX	Solo - State On Line Query	SSPS	SURS Database	TOXL	TPL Billing File	TPRESO	TPQ
Claim				X			X	X	X			
Contact and Call Center		X										
Eligibility					X	X	X	X	X			X
Encounter												
Enrollment								X				
Finance							X		X	X		
Prior Authorization			X				X					
Provider							X					
Recipient	X				X	X	X	X	X	X		X
Reference				X			X		X			
Surveillance and Utilization Review								X				
Third Party Liability	X					X	X			X	X	

4.1.5 Relationship of Functions to Subject Areas

Matrix 4.1.5 Relationship of Functions to Subject Areas depicts the relationships between subject areas and the identified functional areas and business functions. The cells of the table contain the letters C, R or U. *C* indicates that the function *creates* data contained in the subject area; *R* indicates that the function *reads* data contained in the subject area, and *U* indicates that the function *updates* data contained in the subject area. The matrix is presented with the Functional Areas and Business Areas in the left column and Subject Areas in the top row. If a cell in the matrix is empty, no relationship was identified.

Matrix 4.1.5 Relationship of Functions to Subject Areas

Subject Area	1. Coordinate MMIS (and POS) Updates	1.1 Facilitate CSR processes	1.2 Test CSR updates	1.3 Participate in publishing of provider billing instructions	1.4 Provide liaison between ACS and all of DSHS	1.5 Perform quality review of claim processing (CPAS)	2. Maintain Application Security	2.1 Validate security access requests	2.2 Provide security access codes to application users	3. Maintain Reference Tables	3.1 Coordinate policy, procedure, rate changes	3.2 Maintain edit/audit tables	4. Provide System Expertise	4.1 Analyze/resolve complex billing problems	4.2 Consult w/ entities internal and external to MAA	4.3 Participate in major projects (ie HIPAA, etc.)	4.4 Develop recommendations for system improvements	4.5 Represent MAA in Hospital Association meetings	5. Maintain Client Eligibility Data	5.1 Maintain ACES/MMIS eligibility interface	5.2 Work daily eligibility reject report	5.3 Process eligibility file updates	6. Facilitate Drug rebates	6.1 Process invoices for drug rebates
Claim						R								R	R		R							R
Contact and Call Center																								
Eligibility					R	R								R	R		R			U	U	U		
Encounter																								
Enrollment						R								R	R		R							
Finance						R								R	R		R							C
Prior Authorization						R								R	R		R							
Provider				R		R								R	R		R							
Recipient					R	R								R	R		R		U	R	R			
Reference				R	R	R		R	C		C	C		R	R		R		U	R	R			
Surveillance and Utilization Review																								
Third Party Liability					R	R								R	R		R							

Subject Area	6.2 Settle drug rebate disputes	7. Health Care Provider Audits	7.1 Audit scheduling	7.2 Onsite audits	7.3 Review provider records	7.4 Recoup inappropriate billings, if necessary	8. Provider Fraud Review	8.1 Receive fraud allegations	8.2 Verify fraudulent intent	8.3 Investigate fraud allegations	8.4 Recoup inappropriate billings, if necessary	8.5 Refer potential fraud cases	9. Surveillance/Utilization Review	9.1 Pull audit extracts	9.2 Analyze audit samples and SURS reports	10. Coordinate System Support Activities	10.1 Maintain data warehouses	10.2 Define/refine data/reporting requests	10.3 Fulfill data/reporting requests	10.4 Facilitate crosswalk of ACES to MMIS data	10.5 Coordinate Disproportionate Share processing	11. Administer DSHS-wide Payment Review Prgm	11.1 Gather data for research	11.2 Identify processing problems
Claim	R			R		U			R	R	U			R	R		C		R		R		R	R
Contact and Call Center																								
Eligibility									R	R				R	R		C		R	R			R	R
Encounter														R	R		C		R				R	R
Enrollment														R	R		C		R				R	R
Finance	U					U			R	R	U			R	R		C		R		R		R	R
Prior Authorization									R	R				R	R		C		R				R	R
Provider			R	R	R				R	R				R	R		C		R				R	R
Recipient									R	R				R	R		C		R	R			R	R
Reference									R	R				R	R		R		R	R	R		R	R
Surveillance and Utilization Review														C	R			R						
Third Party Liability									R	R				R	R		C		R				R	R

Matrix 4.1.5 Relationship of Functions to Subject Areas (Continued). Note: C indicates the creation of data; R indicates the reading of data, and U indicates the update of data in the subject area.

Subject Area	17. Manage Medicaid integration activities	17.1 Medicaid Integration Partnership (MIP) planning	18. Claim Receipt	18.1 Sort Paper Claims	18.2 Batch Paper Claims	18.3 Scan Paper Claims	18.4 Resolve OCR Errors (IKE)	19. Data Entry	19.1 Enter Non-OCR Claims	19.2 Resolve Exception Codes	20. Claim Adjudication	20.1 Adjudicate Institutional Claims	20.2 Adjudicate Non-Institutional Claims	20.3 Process Adjustments	21. Nursing Home TADs	21.1 Distribute TADs	21.2 Validate Updated TADs (from nursing homes)	21.3 Process Updates	22. Administration	22.1 Distribute Workload	22.2 Management Reporting	23. Client Management	23.1 Client Identification	23.2 Client Enrollment
Claim						C	U		C	U		U	U	C		C	R	U						
Contact and Call Center																				C	R			
Eligibility										R		R	R	R		R	R						R	
Encounter																								
Enrollment																								C
Finance																C		U						
Prior Authorization										R		R	R	R			R							
Provider										R		R	R	R			R							
Recipient										R		R	R	R		R	R						R	
Reference										R		R	R	R		R	R							
Surveillance and Utilization Review																								
Third Party Liability										R		R	R	R			R							

Subject Area	11.3 Coordinate system updates to correct problems	12. Ensure Compliance With Federal Reporting	12.1 Provide oversight to Federal reporting process	12.2 Address errors with Federal reporting	13. Administer Managed Care Encounter Data	13.1 Receive encounter data from health plans	13.2 Perform validation routines	14. Perform PIC Match Process	14.1 Perform file matching with 14.1 data from other state entities	15. Provide technology services and support	15.1 Administer and manage the LAN and workstation support	15.2 Provide database design and administration	15.3 Develop and support MAA web services	15.4 Develop and maintain custom designed applications	15.5 Administer MAA telecommunications	15.6 Administer electronic claim submissions	15.7 Support information technology resource consultation	15.8 Support information technology procurement	16. Manage DM activities	16.1 Identify Clients for DM programs	16.2 Enroll Clients in DM programs	16.3 Process "Opt-Outs" from DM programs	16.4 Process payments for DM programs	16.5 Case management of DM Clients
Claim	R		R	R												C				R				R
Contact and Call Center																								
Eligibility	R		R	R					R											R		U		R
Encounter	R		R	R		C	R																	
Enrollment	R		R	R																				
Finance	R		R	R																			C	R
Prior Authorization	R		R	R																				
Provider	R		R	R																				
Recipient	R		R	R					R											R				R
Reference	R		R	R					R											R				R
Surveillance and Utilization Review																								
Third Party Liability	R		R	R																R				

Matrix 4.1.5 Relationship of Functions to Subject Areas (Continued). Note: C indicates the creation of data; R indicates the reading of data, and U indicates the update of data in the subject area.

Subject Area	24. Provider Management	24.1 Provider assessment	24.2 Provider training	24.3 Provider correspondence	25. Services Management	25.1 Monitor Provider billing	25.2 Monitor Client services	26. Program Development	26.1 Establish program parameters	27. Contracting and Rate Setting	27.1 Rate determination	27.2 Contract with health plans	27.3 Coordinate with IHS & Tribal Plans	27.4 Forward rate data for MMIS update	28. Monitoring Contract Compliance	28.1 Facilitate problem resolution	28.2 Process client eligibility inquiries	28.3 Daily monitoring of health plan operations	28.4 Process premium billing issues	28.5 Process health plan reports and data	28.6 Participate in quality measurement	29. Client and Health Plan updates	29.1 Respond to client inquiries	29.2 Process premium payments and adjustments
Claim						R	R				R					R								
Contact and Call Center																U	U						U	
Eligibility							R									R	R		R		R			
Encounter																				R	R			
Enrollment							R									R				R	R			
Finance						R	R				R								U		R			C
Prior Authorization																								
Provider		R		R		R	R				R					R	R		R	R	R			
Recipient							R									R	R		R	R	R			
Reference		R	R	R		R	R				R	R	R			R	R		R	R	R			
Surveillance and Utilization Review																								
Third Party Liability							R																	

Subject Area	29.3 Manage mass change updates	29.4 Provide individual client updates to the health plans	30. Manage Provider Database	30.1 Validate/correct provider data	30.2 Coordination of provider data with health plans	30.3 Sends provider licensing information to Geo Access	31. Coordinate/Facilitation of Fair Hearings	31.1 Coordination/Facilitation of FFS Client fair hearings	31.2 Department representation in hearings	31.3 Coordination/Facilitation of Provider fair hearings	31.4 Evaluation of hearing trends, & legal decisions	31.5 Review and revision of Policies and WAC	32. Provide Legislative coordination	32.1 Initiates fiscal analysis of pending policy	32.2 Performs legislative policy analysis	32.3 Coordinates data requests	33. Rules & Publication Production	33.1 Coordinate State Medicaid plan amendments	33.2 Circulate rules for billing instructions	33.3 Development of WAC, bill instructions & memoranda	33.4 Publication of Client input forms & information media	34. Formulate Health Policy	34.1 Research new technology	34.2 Make MAA coverage decisions
Claim								R		R					R	R								
Contact and Call Center								R		R														
Eligibility	R	R						R		R					R	R								
Encounter																								
Enrollment	R	R																						
Finance	C							R		R					R	R								
Prior Authorization								R		R						R								
Provider	R	R		U	R	R		R		R					R	R			R					
Recipient	R	C						R		R					R	R								
Reference	R	R						R		R					R	R			R					R
Surveillance and Utilization Review								R		R														
Third Party Liability								R		R					R	R								

Matrix 4.1.5 Relationship of Functions to Subject Areas (Continued). Note: C indicates the creation of data; R indicates the reading of data, and U indicates the update of data in the subject area.

Subject Area	35. Provide Medical Expertise	35.1 Offer medical advice and expert opinion	35.2 Participate in medical workgroups/committees	35.3 Train MAA staff	36. Authorizations of Drugs	36.1 Receive authorization requests	36.2 Determine which drugs require authorization	36.3 Research client histories	36.4 Determine pricing when necessary	36.5 Make authorization determinations	36.6 Notify clients & providers
Claim								R	R		
Contact and Call Center											
Eligibility						R		R			
Encounter											
Enrollment											
Finance								R	R		
Prior Authorization						R		R	U	C	R
Provider						R		R			R
Recipient						R		R			R
Reference						R	R	R			R
Surveillance and Utilization Review											
Third Party Liability								R			

Subject Area	37. Establishing Service parameters Manage the Therapeutic Consultation Service	37.2 Determine service limits	37.3 Research industry standards	37.4 Establish PA criteria for drug usage decisions	37.5 Make coverage determinations	37.6 Review the managed care plan drug formularies	37.7 Provide drug coverage status to prescribers	38. Program research and tracking Monitor and track drug utilization	38.2 Participate in the collaborative prescription drug project	39. Authorizations of Services	39.1 Receive authorization requests	39.2 Determine which svcs require authorization	39.3 Research client histories	39.4 Determine pricing when necessary	39.5 Make authorization determinations	39.6 Notify clients & providers	40. Establishing Service parameters	40.1 Determine service limits	40.2 Research industry standards	40.3 Review new CPT codes	40.4 Make coverage determinations
Claim		R						R					R	U							
Contact and Call Center																					
Eligibility								R					R								
Encounter																					
Enrollment																					
Finance								R					R								
Prior Authorization											C		R								
Provider						R							R			R					
Recipient								R					R			R					
Reference	C	C		C	C		R	R				U	R	U	C			C		C	C
Surveillance and Utilization Review																					
Third Party Liability																					

Matrix 4.1.5 Relationship of Functions to Subject Areas (Continued). Note: C indicates the creation of data; R indicates the reading of data, and U indicates the update of data in the subject area.

Subject Area	41. Quality initiatives and strategy implementation	41.1 Measure health care performance	41.2 Reduce inappropriate service utilization & waste	41.3 Conduct external quality reviews studies	41.4 Conduct quality control	41.5 Monitor health care and service delivery	41.6 Health, safety and best practices promotion	42. Provide Client and Provider Marketing	42.1 Perform client eligibility marketing	42.2 Maintain Provider website	42.3 Client communications	42.4 Provider communications	43. Manage the CHIP program	43.1 Assist with Policy setting	43.2 Review billing instructions	43.3 Create management reports	44. Coordinate Health Insurance Benefits	44.1 Identify clients covered by third parties	44.2 Recover funds from third parties	44.3 Update third party liability data in MMIS	44.4 Disenroll exempt clients from managed care	44.5 Maintain cost effective health care benefits from other sources	44.6 Administer the Premium Payment Program
Claim		R	R	R	R														U				
Contact and Call Center																							
Eligibility		R	R	R	R				R		R					R			R				
Encounter		R	R	R	R	R																	
Enrollment		R	R	R	R	R															U		
Finance		R	R	R	R														C				C
Prior Authorization		R	R	R	R																		
Provider		R	R	R	R	R				R		R			R	R			R				
Recipient		R	R	R	R	R			R		R					R		R	R			R	
Reference		R	R	R	R	R			R	R	R	R			R	R							
Surveillance and Utilization Review																							
Third Party Liability		R	R	R	R													R	R	C		C	C

Subject Area	45. Coordinate Recovery From Casualty Events	45.1 Coordinate recovery from Labor & Industries claims	45.2 Coordinate recovery from restitution proceedings	45.3 Coordinate recovery from adverse parties in accidents	46. Post Payment Review	46.1 Review billing patterns of providers	46.2 Perform statistical sampling	46.3 Maintain computer applications and databases	46.4 Prepare analysis and reports	47. Manage Medicare population	47.1 Identify Medicare eligibles	47.2 Administer Medicare buy-in programs	47.3 Perform Medicare recoveries	47.4 Make Medicare premium payments	48. Maintain medical eligibility policy	48.1 Develop and maintain MAA eligibility policy	48.2 Perform eligibility profiling	48.3 Write eligibility rules for Medicaid	48.4 Provide MAA ACES coordination	48.5 Perform program management	49. Provide education/training svcs	49.1 Provide education/training for stakeholders	49.2 Promote MAA policies to external entities
Claim						R	R	R	R				U										
Contact and Call Center																							
Eligibility						R	R	R	R		R	U	R				R		R	R			
Encounter																							
Enrollment																							
Finance		C	C	C		R	R	R	R				U										
Prior Authorization						R	R	R	R														
Provider						R	R	R	R														
Recipient						R	R	R	R		R	R	R				R		R	R			
Reference						R	R	R	R							R		R	R			R	
Surveillance and Utilization Review																							
Third Party Liability						R	R	R	R			C	R	C									

Matrix 4.1.5 Relationship of Functions to Subject Areas (Continued). Note: C indicates the creation of data; R indicates the reading of data, and U indicates the update of data in the subject area.


Subject Area	Facilitate Managed Care Exemptions	50.1 Receive opt-out requests	50.2 Validate opt-out requests	50.3 Make enrollment updates	Manage Access To Care Complaints	51.1 Receive complaints	51.2 Research complaints	51.3 Resolve complaints	51.4 Participate in fair hearings, if necessary	Manage Patients Requiring Regulation (PRR) Program	52.1 Identify patient candidates for restriction	52.2 Research client history	52.3 Make decision regarding patient restriction	52.4 Notify client	Manage Client/Provider Customer Service	53.1 Receive inquiries and complaints	53.2 Log inquiries and complaints	53.3 Resolve or refer inquiries and complaints	53.4 Coordinate managed care enrollments & plan changes	53.5 Make Healthy Options and BHP+ exemptions	53.6 Monitor Customer Service	Perform Medical Eligibility Determinations	54.1 Process eligibility applications
Claim							R				R	R											
Contact and Call Center		U				C	R	U	R		R	R				C	C	U			R		
Eligibility							R				R	R	U										
Encounter																							
Enrollment			R	U			R				R	R	U						U	U			
Finance											R	R											
Prior Authorization											R	R											
Provider							R				R	R											
Recipient			R				R				R	R		R									
Reference			R				R				R	R		R									
Surveillance and Utilization Review																							
Third Party Liability											R	R											

Subject Area	Obtain release of information from client	54.3 Verify financial need	54.4 Make eligibility determinations	54.5 Generate award/denial letters	55. Review Eligibility	55.1 Generate eligibility review forms	55.2 Process eligibility review forms	55.3 Make eligibility determinations	55.4 Generate eligibility notices	55.5 Participate in eligibility appeals	56. Provider Enrollment	56.1 Process provider applications	56.2 Issue provider number	56.3 Maintain the MMIS provider master file	56.4 Disenroll providers	57. Provider Training	57.1 On-site provider training	57.2 MAA internal training	58. Provider Billing	58.1 Billing instruction updates	58.2 Assist providers with billing problems	58.3 Perform claim resolution	58.4 Assist with special handling claims
Claim																					R	U	U
Contact and Call Center																							
Eligibility			C	R				C	R	R												R	R
Encounter																							
Enrollment																							
Finance																						R	R
Prior Authorization																						R	R
Provider												R	C	C	U		R	R		R		R	R
Recipient	R	R		R				R	R	R												R	R
Reference				C				R	R	R		R		R	R		R	R		R		R	R
Surveillance and Utilization Review																							
Third Party Liability																						R	R

Matrix 4.1.5 Relationship of Functions to Subject Areas (Continued). Note: C indicates the creation of data; R indicates the reading of data, and U indicates the update of data in the subject area.

Subject Area	58.5 Pend provider claims for review	58.6 Perform provider profiling	58.7 Assist in provider fair hearings	59. Manage Transportation Services	59.1 Contract with brokers	59.2 Coordinate the distribution of client information	59.3 Process payments to brokers	59.4 Review broker performance	59.5 Resolve client inquiries	59.6 Verify client eligibility	60. Manage Non-ASL Interpreter Services	60.1 Contract with brokers	60.2 Contract with public health jurisdictions	60.3 Coordinate the distribution of client information	60.4 Process payments to brokers	60.5 Review broker performance	60.6 Resolve client inquiries	60.7 Verify client eligibility	61. Manage ASL Interpreter Services	61.1 Coordinates with the Office of General Administration	61.2 Pre-payment review of billing	62. Provide Financial Services To MAA	62.1 Generate financial reporting
Claim	U		R					R	R							R	R				U		R
Contact and Call Center									U								U						
Eligibility	R		R					R	R	R						R	R				R		R
Encounter																							
Enrollment																							
Finance	R		R				C	R							C	R							R
Prior Authorization	R		R																		R		
Provider	R	R	R				R	R	R						R	R	R				R		R
Recipient	R		R			R		R	R	R				R		R	R	R			R		R
Reference	R	R	R			R		R		R				R		R		R			R		R
Surveillance and Utilization Review																							
Third Party Liability	R		R																		R		R

Subject Area	62.2 Manage MAA contracts	62.3 Provide Fiscal Analysis	62.4 Perform MAA budgeting	62.5 Perform MAA accounting functions	62.6 Perform MAA financial forecasting	62.7 Process overpayments	63. Manage Medical Rates	63.1 Forecast effect of rates	63.2 Establish reimbursement rates	63.3 Establish managed care capitation rates	63.4 Monitor effect of rates
Claim		R	R	R	R	R		R			R
Contact and Call Center											
Eligibility		R	R	R	R			R			R
Encounter								R			R
Enrollment								R			R
Finance	C	R	R	C	R	C		R			R
Prior Authorization											
Provider		R	R	R	R			R			R
Recipient		R	R	R	R			R			R
Reference		R	R	R	R			R	C	C	R
Surveillance and Utilization Review											
Third Party Liability		R	R	R	R			R			R

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4.2 Technical Infrastructure/Architecture

4.2.1 Operating Systems

Operating systems being used by MAA at the server and workstation level include:

- Windows 95
- Windows 98
- Windows 2000
- Windows NT
- Windows XP

As a result of the mix of operating systems employed on MAA workstations, workstation maintenance is much more difficult and time consuming for technical staff. Due to the fact that there is no one standard operating system, it is not possible to implement group policies in the organization. This makes it impossible to mandate information technology (IT) policy at the individual workstation level. Lack of group policies and standardized methods result in the creation of an IT environment that is difficult to support.

4.2.2 Data Communication Tools

Data communication is defined as the transfer of information between functional units by means of data transmission according to a protocol.

There are no policies for secure data transfer in place at MAA. End-users currently use File Transfer Protocol (FTP) as a method of transporting secure data to outside agencies. FTP is a clear text protocol and is neither secure nor HIPAA compliant. Data is also transferred within MAA, and occasionally to and from outside sources, using email.

4.2.3 Application Development Software

The MMIS was programmed and is maintained by ACS, using the COBOL programming language. In addition to the MMIS, several applications have been developed internally by MAA staff to support the Medicaid program. The application development software tools used to develop these applications Table 4.2.3 Application Development Software.


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Table 4.2.3 Application Development Software

Application Development Tool	Description
ASP	An Active Server Page (ASP) is an HTML page that includes one or more scripts (small embedded programs) that are processed on a Microsoft Web server before the page is sent to the user.
BizTalk	BizTalk is an industry initiative headed by Microsoft to promote Extensible Markup Language (XML) as the common data exchange language for e-commerce and application integration on the Internet.
COBOL	Common Business Oriented Language is the programming language used by ACS for the MMIS system. Internally developed MAA applications do not use COBOL.
Crystal Reports	Crystal Reports is a popular Windows-based report writer (report generation program) that allows a programmer to create reports from a variety of data sources with a minimum of written code.
DTS	Data Transformation Services
HTML	HyperText Mark-up Language is the set of markup symbols or codes inserted in a file intended for display on a World Wide Web browser page.
JavaScript	JavaScript is a scripting language initially designed for web browsers, but now runs on a variety of platforms.
MS Access	A database management program from Microsoft that allows data to be accessed, shared and organized.
MS Excel	A spreadsheet program from Microsoft that makes it easier to manipulate, process and view data
MS Word	A word processing program from Microsoft that allows the creation of complex documents.
SQL	Structured Query Language is a standard interactive and programming language for getting information from and updating a database.
T-SQL	T-SQL (Transact-SQL) is a set of programming extensions from Sybase and Microsoft that add several features to the Structured Query Language (SQL) including transaction control, exception and error handling, row processing, and declared variables.

Table 4.2.3 Application Development Software (Continued)


Application Development Tool	Description
VBScript	Microsoft Visual Basic Scripting Edition brings active scripting to a wide variety of environments, including Web client scripting in Microsoft Internet Explorer and Web server scripting in Microsoft Internet Information Service.
Visual Basic	A programming environment from Microsoft in which a programmer uses a graphical user interface to choose and modify pre-selected sections of code written in the BASIC programming language.
Visual Studio	Microsoft Visual Studio is a powerful developer tools suite for Windows and Web applications
XML	XML (Extensible Markup Language) is a flexible way to create common information formats and share both the format and the data on the World Wide Web, intranets, and elsewhere.
XSLT	XSL Transformations (XSLT) is a standard way to describe how to transform (change) the structure of an XML (Extensible Markup Language) document into an XML document with a different structure.

4.2.4 Change Procedures and Protocols

For MAA system software and hardware, there are no formal procedures and protocols to govern changes. Changes, such as software upgrades, are accomplished on an as needed basis, usually during periods of low network usage such as evenings and weekends. No change logs are maintained.

Changes to the MMIS are effected through the Computer Service Request (CSR) process, which is administered by the ISD – MMIS Services Section. Change requests are received through various channels, such as email, phone and even face-to-face. MMIS Services reviews each request. Requests that do not require actual system coding changes in MMIS may be resolved and a CSR will not be created. An example of this would be changes by MMIS Services staff to on-line edit and audit tables. CSRs that are created and approved by MMIS Services will be transferred to ACS, whose staff performs the necessary coding changes. The transfer to ACS is done over the telephone. Weekly meetings are held to prioritize CSRs. ACS staff members attend these meetings. CSRs are tracked for status. Issues that do not result in a CSR will not be recorded or tracked.

When ACS notifies MMIS Services that the necessary changes have been completed, CSRs move into the testing phase. MMIS Services conducts the testing in a separate testing environment. Testing results are documented with screen prints and notes on results. There are no formal sign off procedures in place although the requestor of the change is asked to review the test

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results. The testing environment has limitations and is not an exact reflection of the MMIS production environment. ACS is notified when the changes are ready for the production environment. Uploads to the production environment occur on Tuesdays and are performed by ACS.

For applications developed by MAA, there is no formal process for updates/changes. Requests are mostly received via emails and telephone calls. These requests are logged and documented, but there is no formal tool to oversee the process. Currently, it is manageable, but there are areas for improvement. There is an inconsistent procedure of version control for moving applications from test to production. A single staff member is required to approve application migration into the production environment.

4.2.5 Network and Mainframe Architecture

Figure 4.2.5a, on the following page, presents the FourThought Group analysis of the current state of the network architecture in place at the Town Square and Lacey complexes occupied by the Medical Assistance Administration (MAA). This analysis included a review of existing data centers, wiring closets, Local Area Network (LAN) and Wide Area Network (WAN) cable plants, network architecture, servers and workstations. Existing security and equipment lifecycle policies were also examined. Information contained in Figure 4.2.5a was collected by onsite physical investigations and interviews with MAA staff and management in the development of the Technology Analysis report deliverable as prepared by FourThought Group.

Figure 4.2.5a MAA Network Architecture

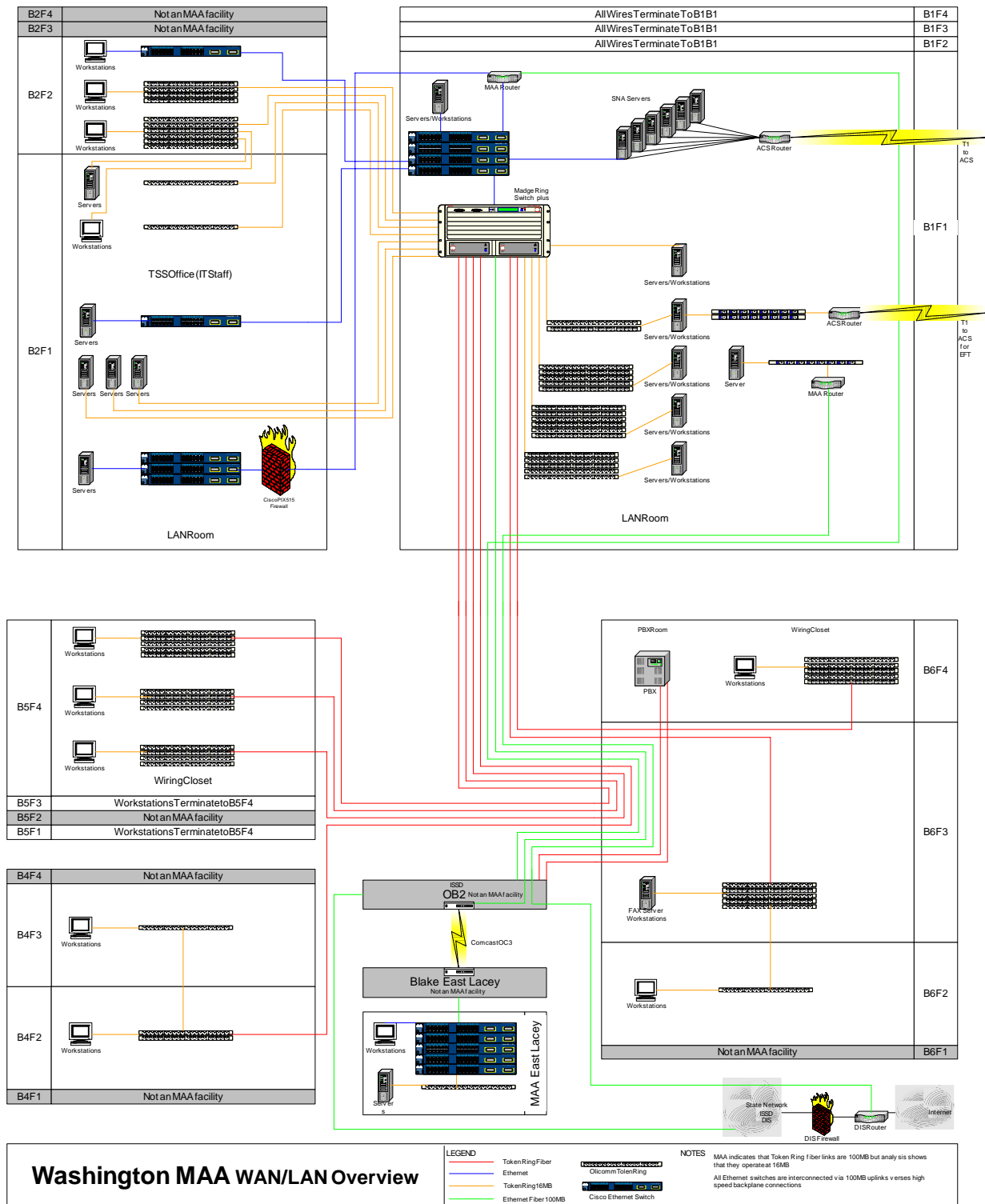
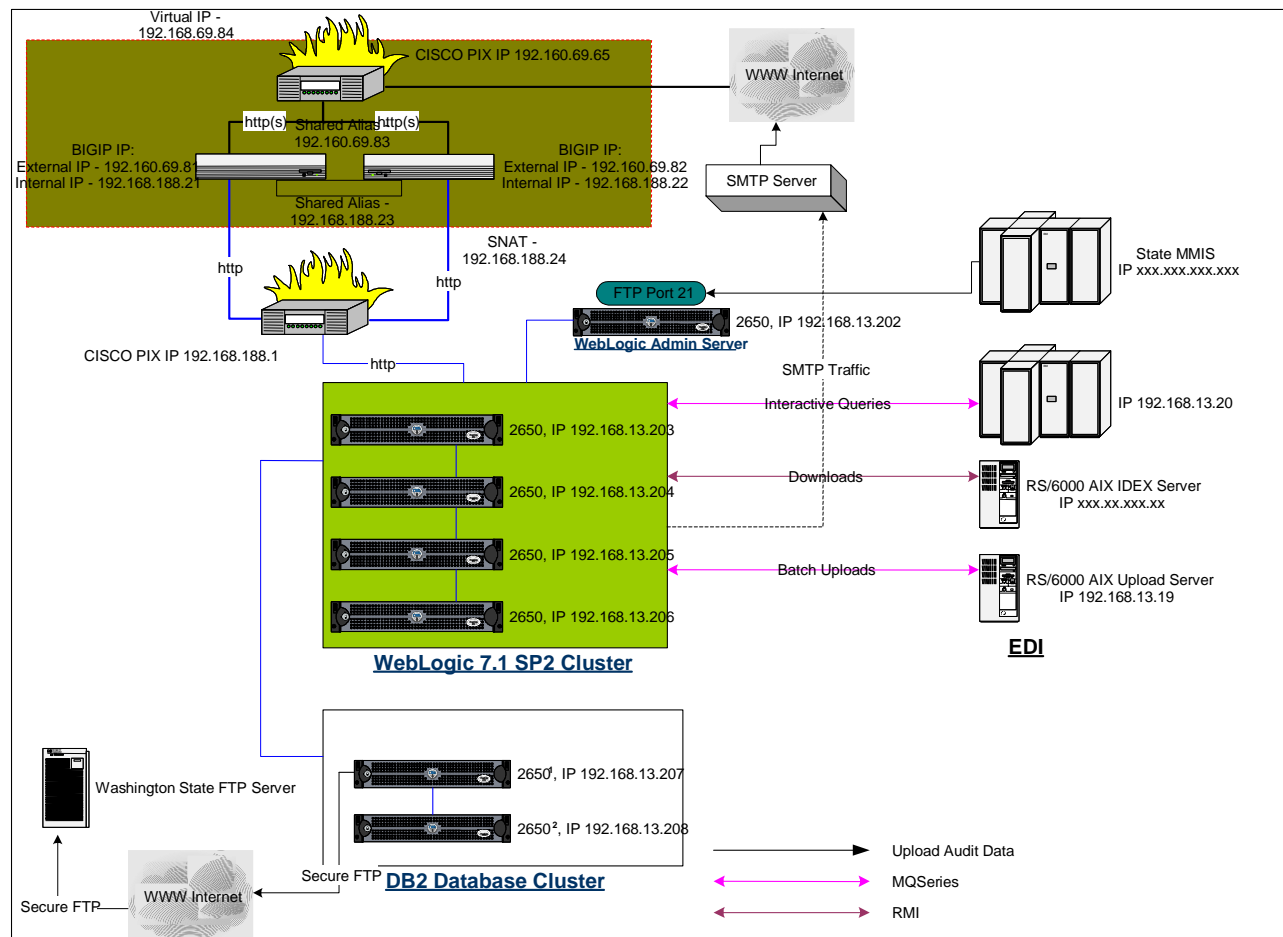



Figure 4.2.5b details the current ACS mainframe architecture for the State of Washington MMIS, as deployed at the ACS facility in Pittsburgh, Pennsylvania.

Figure 4.2.5b ACS Mainframe Architecture



Note: Technical Architecture documentation for HealthWatch Technologies (HWT) was not available at the time this document was published.

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4.2.6 Data Warehousing and Reporting

MAA uses the MMIS for most formal management reporting. Reports can be printed (on green bar paper) and delivered directly to user areas. There is an effort underway to identify and eliminate printed reports that are obsolete and no longer in use. The COLD (Computer Output to Laser Disk) system allows MMIS reports to be viewed online. This also allows the capability of printing subsets of reports, which reduces paper usage.

For informal and ad hoc reporting needs MAA relies on data warehouses. There are several smaller data warehouses in use, but the three major data warehouses are:

- HealthWatch Technologies Decision Support System (HWT DSS)
- Extended Database (EDB)
- MAA Data Warehouse


The HWT DSS (commonly referred to as the DSS) currently maintains 5½ years of MMIS claims history beginning with July 1998. The data is updated monthly with the previous month's data, i.e. September data is loaded in October. HWT will most likely start archiving information at 7 years, maintaining a base of 7 years plus the current fiscal year. The DSS also contain 4½ years of SSPS data, which follows the same monthly update schedule.

The DSS allows desktop access (via the Internet) to needed information. The DSS is flexible enough to support multiple levels of users. While it is object-oriented/menu-driven, which satisfies the majority of users, advanced users have the option of bringing up the SQL code and working in that environment. The DSS Help Desk staff is available to provide assistance whenever needed.

The DSS currently has an extensive set of Frequently Asked Queries (canned queries) available to all users. In addition, Payment Review Program (PRP) staff work with users to develop specific FAQ's to support the work of an individual or unit.

There are currently five DSS applications available via a single portal:

- iQ Safeguard – the traditional “data warehouse” tool that houses the Data Market and the Data Warehouse and provides online data access to MMIS and SSPS data for over 350 users.
- iQ Ai – the advanced fraud and abuse detection application developed using SPSS Clementine software. Results are presented in the application, with drill-down capability to provider and/or claim-specific information.
- iQ Budget – an application that links MMIS data with AFRS data.
- iQ Recovery Management System (RMS) – originally developed for internal HWT tracking of PRP recoveries, this application monitors the status of all identified overpayments.

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- iQ Reports – contains the Surveillance & Utilization Review System (SURS)/Management & Administrative Reporting System (MARS) reports transferred to the DSS.

The Extended Database (EDB) is a file of MMIS data, updated monthly. It is supported by select ISD programming staff. Requests for reports for EDB data go through ISD – Reporting, Analysis and Procurement Section and are prioritized and assigned by the section lead.


The MAA Data Warehouse is a SQL data warehouse on a Microsoft SQL server, updated monthly. It also contains MMIS paid claims data. This data warehouse can only be accessed by users on the LAN or connecting via Virtual Private Network (VPN).

Data warehouses are used throughout MAA, occasionally in other DSHS administrations and even by areas outside DSHS. Some MAA sections employ “power users”, who are skilled at using data warehouses to support reporting needs. Other sections rely on ISD for expertise and consultation.

There are some concerns by the users of data warehouses. The major concerns are:

- Lack of standardization between the major data sources
- Inadequate documentation
- Lack of necessary data (i.e. denied claims, SSPS data, A19 payments, etc.)
- Lack of necessary data elements (i.e. provider license number, 3rd party data, etc.)
- Accessibility issues
- Standardized training and ease-of-use issues
- Response time
- Skill of users vs. accuracy of reports

In addition, throughout the MMIS System Requirements JAD sessions the recurring theme of a single client identifier and a single provider identifier emphasized that challenge MAA staff face today with multiple data sources and multiple identifiers for clients and providers. There is a project underway to assess the feasibility of coordinating the major data sources. The goal of the Single Data Resource Project has been described as having two phases. The ultimate goal is to have all information about clients accessible via one source, which includes the most credible data items. The data items should be obtained directly from their original sources rather than filtered through some intermediate process. The intermediate goal is to consolidate what we have now using one of our current major data sources. (Any source chosen, however, will need significant modifications in order to replicate all services currently provided to customers).

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4.2.7 Application Security Software

The ISD – MMIS Services Section assigns and maintains user identification codes for the Medicaid Management Information System (MMIS) and Point of Sale (POS) systems. Also, the section coordinates access to the Automated Client Eligibility System (ACES) for MAA users with Economic Services Administration (ESA) staff.

MMIS user identifiers are three digit numbers. Due to the limited number of available user identifiers, re-use is common. MMIS Services maintains a hard-copy historical record of user identifiers, the person assigned to that identifier and the corresponding dates of assignment.

Passwords must conform to the following rules:

1. Passwords must be a minimum of eight characters in length and must contain at least one special character (either @, #, \$), one numeric character, and one alpha character.
2. Passwords must not contain your user ID or any part of your full name.
3. Passwords may not be reused for five consecutive iterations.


Temporary passwords can be assigned for users who have forgotten their password.

The user identifier determines access to each MMIS screen. Each user identifier can have access to a different set of screens as applicable to the users' job responsibilities. MMIS Services has the authority to make the screen assignments.

For internally developed applications, internal users are granted access by being placed on an approved user list. For external users, some sort of authentication methodology is developed.

MAA has no formal policy about the sharing of user passwords. Passwords automatically expire after 90 days. After 30 days of inactivity on the MMIS, a report is generated that could result in the termination of a user identifier by MMIS Services, if deemed appropriate.

The MAA organization would benefit from an effort to consolidate security and move to a role-based security model instead of an application-based security model.

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4.2.8 Network Security Software

The ISD – Technical Services Section assigns and maintains user identification codes for MAA network users.

MAA network user identifiers are formatted as the first five characters of the user's last name, followed by the first digit of the first name, then the middle initial. The middle initial is not required.

Passwords must conform to the following rules:

1. Passwords must be a minimum of eight characters in length and must contain at least one special character (either @, #, \$), one numeric character, and one alpha character. Passwords for MAA's WASTMAA domain are only required to be a minimum of five characters in length.
2. Passwords must not contain your user ID or any part of your full name.
3. Passwords may not be reused for five consecutive iterations.

Passwords can be reset for users who have forgotten their password. MAA has no formal policy about the sharing of user passwords. There is no automatic expiration of network user passwords.

4.2.9 Network and Mainframe Performance Monitoring Tools

To diagnose network problems, systems administrators generally use a network monitoring tool, sometimes known as a protocol analyzer. These devices can be either hardware or software that allows the administrator to review all packet traffic on the network and look for different problems.

A list of network monitoring tools currently being used by MAA can be found in Table 4.2.9 Performance Monitoring Tools.

Table 4.2.9 Performance Monitoring Tools


Performance Monitoring Tool	Description
McAfee ePolicy Orchestrator	McAfee Security ePolicy Orchestrator (ePO) is a tool for centralized policy management of malicious threat protection. ePO allows the user to maintain up-to-date protection, configure and enforce policies, and generate detailed graphical reports on McAfee Security and third party products, including Symantec and Dr Ahn anti-virus products.
DiskSpace Explorer	DiskSpace Explorer 3 Network Edition is a powerful, yet intuitive and easy to use space manager for Windows XP/2000/Me/NT/95/98 that helps the network professional to manage the server hard disk space and make intelligent allocation decisions for its capacity. The network administrator can view the server hard disk, recognize user directories that are large, examine for wasted space and useless files, and free up valuable disk space.
SMS	System Management Server – is used to gather information about a selected machine (server or workstation) over the network. Typically, requests are for information about a machine's hardware or software. This product can also be used to deploy software, however MAA does not currently use that feature.

Network and Mainframe Performance Monitoring Tools documentation for Affiliated Computer Services (ACS) and HealthWatch Technologies (HWT) was not available at the time this document was published.

4.2.10 Remote Systems Access Requirements

All MAA servers and workstations have remote access capabilities. Any MAA staff member who wishes to use the Remote Access Network Service (RANS) must complete a request form. This request form is commonly referred to as the RANS registration form. This form is used to provide details about the user and the user's workstation. The request is submitted to the ISD – Technical Services Section. The Section manager reviews and approves (or disapproves) the request. Approved requests are then sent on to DSHS – ISSD for final authorization of Dial-up or Virtual Private Network (VPN) access.

MAA does not have an Intrusion Detection Service (IDS) implemented. As a result, any breaches of security would likely go unnoticed until potential damage has occurred.

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4.2.11 Data Standards

Data standards are documented agreements on representations, formats, and definitions of common data. MAA does not employ data standards across its various data sources. There has been an identified need, at least from the perspective of the data warehouse users to standardize data naming conventions. It has been difficult for some users to identify the actual contents of a data element based on the name of that element. It has also been difficult, in some cases, to match common data elements from different data sources.

Application developers and database personnel are responsible for their own naming conventions and data formats. Occasionally, this may result in consistency, when the same individual prefers customary nomenclature. However, there are no enforcement or review processes in place.

4.2.12 System Development/Methodology Standards

Methodology is defined as an organized, documented set of procedures and guidelines for one or more phases of the software lifecycle, such as analysis or design. Many methodologies include a diagramming notation to document the results of the procedure; a step-by-step "cookbook" approach for carrying out the procedure; and an objective (ideally quantified) set of criteria for determining whether the results of the procedure are of acceptable quality.


System development methodology standards are mandatory requirements employed and enforced to prescribe a disciplined, uniform approach to software development. Standards are mandatory conventions and practices.

MAA does not employ formal system development methodology standards for application development. Any standards that do exist are at the discretion of the individual or team that is performing the development. While this approach can sometimes reduce the turnaround time for system development or maintenance requests, especially for smaller projects, it opens up greater possibilities for design errors, inadequate testing and rework.

4.2.13 Disaster Recovery Plans

Findings related to Disaster Recovery include:

- No Disaster Recovery Plan (DRP) is in place

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- Systems and productivity at great risk


Disaster Recovery or Business Continuity Planning (BCP) has not been implemented within MAA. As a result, systems and data are at severe risk of total loss during emergency events. Staff productivity could be interrupted for long periods of time without a Disaster Recovery process in place.

DRP is more than simple tape backup and a few spare machines. As required by the HIPAA Security Rule, it is imperative that a DRP plan not only be developed and implemented, but that MAA test the plan on a regular basis.

Lack of an adequate DRP results in the following:

- Data critical to the MMIS and the Medicaid program has not been identified
- Systems critical to the MMIS and the Medicaid program have not been identified
- It is unknown how critical data is protected from a catastrophic event
- It is unclear how the MMIS will operate after a catastrophic event
- MAA does not have a responsible party for managing Disaster Recovery

Disaster Recovery or Business Continuity Planning documentation for Affiliated Computer Services (ACS) and HealthWatch Technologies (HWT) was not available at the time this document was published.

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Appendix

Appendix A – Electronic Matrices

Because of the large volume of information presented within Matrices *3.3b External Entities Supporting Functional Areas*, *3.4 Organizational Owners Supporting Functional Areas* and *4.1.2 Functional Areas Supported by Applications*, electronic versions of the matrices have been provided and accompany the electronic version of this deliverable. Use of the electronic, Microsoft Excel-based version of the matrices provides relationship type data viewable to the business function level (as stated, this report contains views of the Matrix 3.3b, 3.4 and 4.1.2 at the functional area level). In addition, review of the matrices via the spreadsheet allows specific functional areas and business functions to be isolated for analysis and data relationship purposes.

The following Matrices have been provided in electronic form:

- Matrix 3.3b External Entities Supporting Functional Areas.xls
- Matrix 3.4 Organizational Owners Supporting Functional Areas.xls
- Matrix 4.1.2 Functional Areas Supported by Applications.xls

Appendix B – Supporting Documentation

Provided is a listing of documentation that was used in the development of the ETOE:

- Framework for Information Systems Architecture, John Zachman, 1987.
- Centers for Medicare & Medicaid Services (CMS) Current Enterprise Architecture v3.0
- HIPAA project documentation
 - Process Inventory lists
 - MAA Phase I Systems list
- JAD session notes
- Staff interviews
- Management interviews
- MAA Intranet
- Internet
- Technology Analysis Report (TAR) deliverable
- ACS documentation